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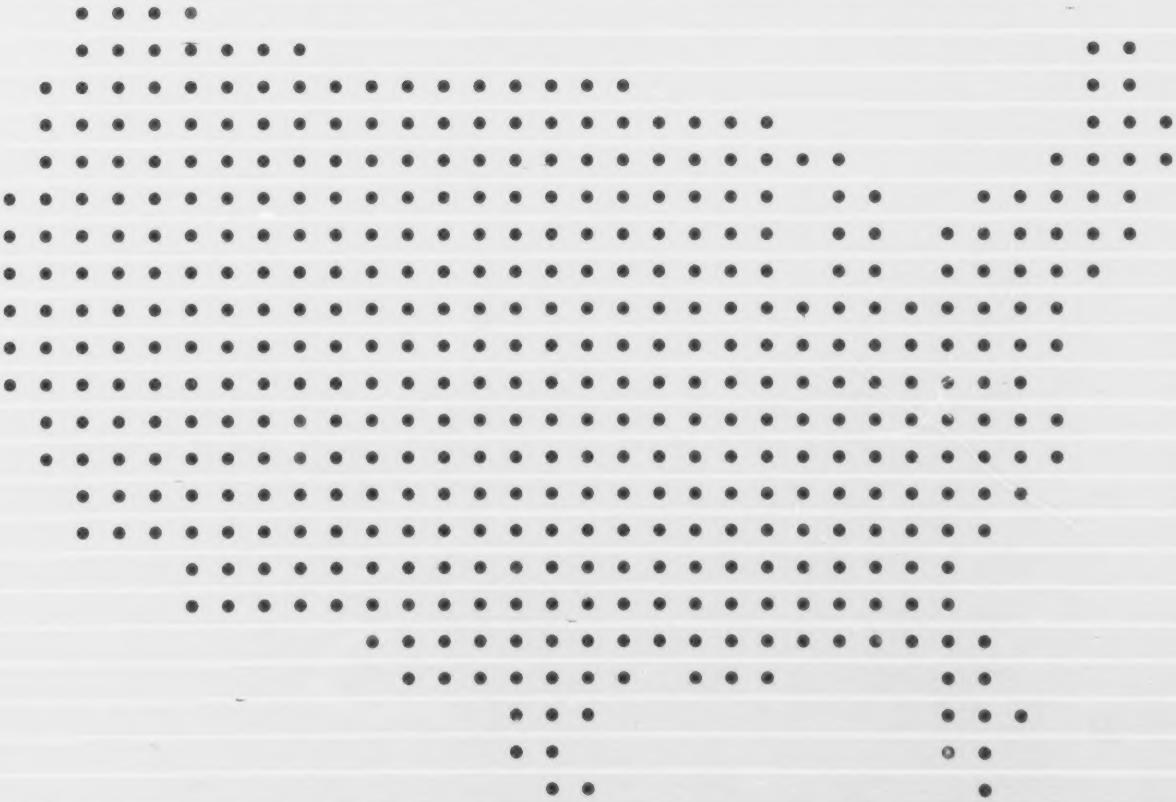
PREVENTION IN AMERICA 5:

Steps People Take—or Fail to Take—For Better Health

Conducted for **Prevention**® Magazine



A Survey by Louis Harris and Associates, Inc.

Study No. 874018

PREVENTION IN AMERICA V: STEPS PEOPLE TAKE - OR FAIL TO TAKE - FOR BETTER HEALTH
1987

Conducted for:

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Fieldwork:

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PREFACE

Health care costs have continued to rise dramatically through the 1980s after increasing 2,000 percent in the thirty years between 1950 and 1980, from 12.7 billion to 244.6 billion in 1980. Moreover, the rate of increase in costs have not stabilized in this decade, but rather have increased sharply to over $500 billion in 1987. Insurance costs have also been rising, putting pressure on both employers to meet the higher costs of premiums and employees to meet co-payments.

While the direct costs are enormous, they represent only the tip of the iceberg. Lost productivity, and all of its ramifications to individuals and their employers, is tremendous. And the monetary outlay is only one aspect of this grim picture. The grief, anguish, and despair inflicted on ill people and their families is not reducible to mere dollar figures.

Given this situation, one would think that the prevention of disease and accidents would be among the highest priorities for both the public and private segments of the health care system in America. While it is true that increasing media attention has been paid to the importance of healthful living, and that some progress has been made, there is still enormous room for improvement. The health care system still pays scant attention to the preventive aspects of medicine, and healthy lifestyles have not filtered into the daily lives of the majority of the nation's population. Of course, some progress has been made. Concern and understanding is rising, especially among employers. But it is clear that there is much left to be done.

In order to learn the extent to which Americans are making progress toward practicing healthful living, Louis Harris and Associates, working (for the fifth straight year) under the sponsorship of Prevention magazine, interviewed 1,250 randomly selected adults across the country by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. Interviews averaged 25 minutes in length and were conducted between November 11 and 25, 1987.

As in previous years, the interviews concentrated on the most important risk factors and habits believed to influence the long term health of the American people. Survey questions focused on key health-enhancing practices such as good nutrition, exercise and weight control, accident avoidance and getting regular medical exams. Various health suppressors, such as smoking, alcohol use and stress, were also examined.

Because the survey has been conducted every year since 1983, the data allow us to follow the trends in these key prevention measures. This year, we report not only on the overall trends in prevention practices, but also on trends among the major demographic subgroups in the country: men and women, young and old, educated and uneducated. The findings from the 1987 survey, when compared to the results of the baseline 1983 survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. And the demographic subgroup comparison shows which groups in the country are gaining ground, and which are losing ground in the fight for good health.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported here (and in other surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed. Notwithstanding these possible sources of error, the 1987 survey and its earlier counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report will also be available, rather than simply an excerpt from the survey findings.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Louis Genevie, Ph.D., Research Director. The development of the questionnaire, and the supervision of the study while in the field took place under the direction of Dr. Michael Kagay, Ph.D.

Louis Harris and Associates would like to thank Prevention magazine for commissioning this research. We would in particular like to thank Robert Rodale, founder of Prevention, Sanford Beldon, Prevention's publisher, and Tom Dybdahl, who manages the project for Prevention, for their continued support. The research team is also indebted to Lois Hoeffler whose careful and speedy attention to detail made the timely production of this report possible; and to Xiaoyan Zhao, Ph.D.; the newest member of the Harris team, who acted as our reader and in doing so, saved us from several otherwise embarassing errors. We are also greatly in debt to the many other people who contributed to the development of the questionnaire. However, responsibility for topics, question wordings, the findings, and for their interpretation rests solely with Louis Harris and Associates.

SUMMARY OF FINDINGS

The main findings of this year's Prevention survey are summarized below. This year, a new dimensions have been added to the report. In addition to the overall changes in prevention measures across the years, we have also analyzed major demographic subgroup changes. In doing so, we were able to pinpoint not only how prevention measures are changing on a national basis, but also which subgroups in the population, men and women, young and old, rich and poor, are gaining or losing ground. Knowing this can help structure efforts aimed at increasing awareness of health enhancing practices.

Below is a summary of the major findings reported in this document.

DRUG AND ALCOHOL USE

1. Supporting recent research by the University of Michigan's Survey Research Center, we found that drug use among young people declined sharply between 1983 and 1987.

   - Recreational drug use has declined around the country, from 9% in 1984 to 6% in 1987. While this represents only a 3% decrease, the decline represents about a 33% decrease in the number of Americans who say they use "recreational" drugs.
   - The use of recreational drugs has declined most steeply among younger people, from 21% in 1983 to only 11% in 1987.

2. However, younger people (those less than 30 years of age) were far more likely to drink alcohol heavily than older people (those over 64 years of age) (37% vs. 5%).

CONCERN ABOUT AIDS

3. Concern about AIDS as a major health problem is growing.

- In the two years between 1985 and 1987, the number of people who think that AIDS will become a major epidemic has almost doubled from 14% to 27%.

  -- Regionally, those in the Southern and Western parts of the country expressed more concern that AIDS will become a major epidemic as compared to the East and mid-West.

  -- The rate of growth in concern was also highest among those in the South and West.

  -- Although concern among women is rising at a faster rate than among men, men and women, young and old and those of different ethnic groups expressed equal concern that AIDS will develop into an epidemic.

  -- Interestingly, those with four year college degrees are less likely to think that AIDS will grow into major epidemic in the next five years than those without four year college degrees.

- While only a minority think that AIDS will be a major epidemic five years from now, the majority, more than six out of ten Americans, think that it will be a growing health problem.

4. In 1987, 16% of adults in America believe that they, themselves, run the risk of catching AIDS, an increase of 6% during the last two years.

- Concern about personal risk is growing most rapidly in the Western part of the country. About equal numbers of men and women expressed concern about catching AIDS, although there was indication that concern among men is rising faster than among women.

- It is interesting to note that personal concern about the risk of catching AIDS is higher and rising faster among men and concern that AIDS will become an epidemic in the next five years is higher and rising more rapidly among women.

5. With concern about AIDS on the increase, it is not surprising that 49% of those questioned said that they are taking special steps or precautions to avoid catching AIDS.

- Regionally, 55% in the Southern part of the country are taking steps to avoid catching AIDS compared to only 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years, compared to the South, which registered a 13% increase.
- AIDS is clearly affecting the sexual behavior of young people. Sixty-one percent of those 18 to 29 years of age are taking precautions, compared to only 31% of those 65 years of age and older.
- Minority groups showed a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.
- Although fewer Whites are taking precautions than those of minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics.

AMERICAN ATTITUDES TOWARD PREVENTION

6. A plurality (45%) of Americans believe that health care services should give more emphasis to prevention. However, the minority who believe that we have the balance right between treatment and prevention has increased from 18% in 1983 to 32% in the latest survey. Only 11% think that more emphasis should be given to treatment.

- The erosion of support for greater preventive measures on the part of the health care system has been greatest among those constituencies who in the past have supported it the strongest: the middle class, people under 40, and those who live in the Western part of the country.

NUTRITION

7. In spite of the media attention focused on nutrition, the proportion of Americans who say that they "try a lot" to follow a list of good nutritional practices has scarcely changed over the last five years. This

finding confirms the conclusions of other researchers that many Americans pay lip service to good nutritional habits, and may even have good intentions, but these good intentions do not translate into good nutritional behavior.

- Demographic subgroups differences show that women, older people and the more educated are currently doing the most and have made the most gains nutritionally during the last five years.
- Women show strong gains in getting enough calcium. Older people have increased their fiber consumption also, while avoiding caffeine and cholesterol.
- More educated people are avoiding sodium and cholesterol and increasing fiber in their diet. Less educated people have registered increases in avoiding sweets and increasing calcium consumption.

EXERCISE

8. The number of people taking regular strenuous exercise has not changed significantly since 1983. However, the survey does not confirm the opinion sometimes expressed that exercising was a passing fad.

- The country divides between the East and the mid-West where fewer people exercise and where the numbers exercising may actually have declined and the South and West where more people exercise and the numbers appear to have been growing.
- Regular strenuous exercise is concentrated among those under 30, 51% of whom say they exercised regularly compared to only 17% of those 65 years of age and older. That 17% percent figure represents a 9% decline since 1983 in the rate of strenuous exercise among those 65 years of age and older. While at the same time those under thirty have experienced an 9% increase in this rate.
- The number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death, stands at 30%, a figure that has remained stable since the first year of this survey in 1983.

WEIGHT

9. More men then women are overweight. But more women than men believe they're overweight.

- o The proportion of women who are overweight, however, has increased in the last five years from 47% in 1983 to 53% in 1987.
- o Given these figures, it is not surprising that women are more likely to be dieters, 44% in 1987 compared to only 31% in the men. This figure, however, represents a six percent decline since 1983 when 50% of the women said that they were trying to lose weight.
- o The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the mid-West, the area of the country that is also exercising the least.
- o The survey confirms that people with low incomes and relatively little education are more likely to be overweight than upper income or well-educated people.
- o Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16%, almost one out of five of those questioned, were below their recommended weight range, a figure that has remained relatively stable since 1983.

SAFETY

10. The number of people in homes with smoke detectors has increased for the fourth consecutive year to 82% from 67% in 1983.

- o The most rapid growth in the number of people living in homes with smoke detectors has occurred among those groups in the population who needed them most, minorities and people with low incomes.

11. Primarily as a result of legislation at the state level, there has been a 38% increase in the number of people who wear safety belts in their automobiles during the last five years. In 1983, this figure stood at only 19%, less than one out of five Americans. In 1987, this figure had trebled to 57%.

- Increases in the rate of seatbelt use between 1983 and 1987 have been strongest among women as compared to men and among young people, those 18-29 years of age as compared to older people.

- Wealthier, more educated people tend to use seatbelts more often.

12. The number of people who say they exceed the speed limit on the nation's highways is on the increase.

- In 1983, 56% of adult Americans said they never exceed the speed limit compared to 50% in 1987. Young people are about twice as likely as older people to exceed the speed limit. In 1987, only 33% of those 18 to 29 years of age said that they never exceeded the speed limit compared to 64% of those between 50 and 64 years of age and 62% of those 65 years of age and older.

13. The mix of drinking and driving is on the decline.

- In 1983, 30% of those questioned said that they drove after drinking at least sometimes. By 1987, this figure had declined to 25%. While this 5% decrease is encouraging, it should be noted that even now more than one out of five Americans say that they sometimes drive after drinking.

ROUTINE MEDICAL EXAMS

14. As far as routine medical exams are concerned:

- Three out of four in the nation now receive a dental exam once a year, a slight increase since 1983.

- More than eight out of ten Americans receive a blood pressure screening at least once a year.

- Forty-five percent have their cholesterol monitored at least once a year, a figure that has remained constant since 1983.

  - Older people are far more likely than younger people to have their cholesterol level tested. In 1987 63% of those 65 years of age or older did so, compared to only 36% of those under forty.

  - This difference may be widening, as those over 65 years of age experienced a 9% increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase of those under 40.

- In 1987, 75% of the women around the country indicated that they had received a pap smear test for cancer in the last two years.
    - While this figure was identical to the 1983 data, it is also worth noting that it represented a 5% decline during the last year.
    - Women in the West were most likely to have had a pap smear test in the last two years (84%) and those in the mid-West least likely (68%).
    - Only 65% of the Hispanic women questioned indicated that they had received a pap smear test, a 19% decline since 1983.
    - Black women, on the other hand, experienced a 12% increase in the rate of regular pap smear testing during the same time period, and now receive, proportionately, more pap smear testing than any other ethnic group (84%).
    - The working poor, those women whose family income was between $15,000-25,000 a year, exhibited a 12% decline in the rate of pap smear testing during the last two years.

SMOKING

15. The overall rate of smoking cigarettes among adult Americans seems to have bottomed out at 28% for the time being.

- Men and women now smoke cigarettes at equal rates.
- Although the rate of smoking among both sexes has declined since the Harris firm first measured this number in 1974, the rate of decrease for men has been much higher than the decline among women. Because the rate of decline in smoking among women is lower, the difference in the proportion of men and women smoking has been narrowing over the years, from 10 to 12 percent in the mid-1970's to about equal proportions in the early 1980's.
- Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence, in 1987, there were slightly more women who smoked than men.
- Those who smoke are more likely to be younger, less educated, and have fewer financial resources.

- It should also be noted that the gap between the rich and the poor with respect to smoking may be widening. The decline in smoking has been sharpest among those with higher incomes.

STRESS

16. More women say they are under a great deal of stress at least several days a week than men (35% compared to 27%).

- Stress tends to increase between 18 and 49 years of age and then decrease among those 50 years of age and older.
- Stress peaks in the 40-49 year old age group, which experienced a 14% increase in the rate of stress over the last five years.
- Stress is lowest among those 65 years of age and older, only 13% of whom said that they were under a great deal of stress.
- Those with four year college degrees experienced the greatest level of stress, with 35% indicating that they felt under a great deal of stress at least several days a week, compared to those without a high school diploma, only 26% of whom said they were under a great deal of stress.
- These figures represent a 3% decline in the rate of stress for those without a high school diploma compared to a 9% increase among those with four year college degree.

PART I:

HEALTH-ENHANCING BEHAVIORS

CHAPTER 1: DO AMERICANS THINK THE HEALTH CARE SYSTEM IS DOING ENOUGH?

In order to learn how important the practice of prevention is to Americans, we asked whether health care services in their communities have the right balance between treatment and prevention, or should they be giving more emphasis to treatment, or more emphasis to prevention? The data in Table 1-1 show how people responded both in the 1987 survey as well as in the four previous years for which data are available.

Currently a plurality (45%) of the American public still thinks that the health care system should be giving more emphasis to prevention. This figure, however, represents a seven percent decline since 1983. At the same time that the number of those who feel that prevention should be given more emphasis has been declining, the number who feel that the health care system has got the right balance between treatment and prevention has been rising. Currently, over one out of three Americans feel that the health care system has the right balance, as compared to only 18%, less than one out of five, in 1983.

Because of the nature of the question, these figures send a double message. On the one hand, the fact that an increasing number of Americans feel that the health care system has the right balance between prevention and treatment is an indication of a perception on the part of more and more people that more is being done to promote health prior to illness. On the other hand, as those familiar with the health care system are painfully aware, little attention is paid by traditional medicine to the prevention of disease. In 1987, for example, only 31% of the respondents indicated that a physician had volunteered advice about improving their health habits during the last five years. This fact should not be interpreted as an indictment of the health care system, already overburdened in dealing with those who are beyond preventive measures. In does imply, however, the need for a new institution that would link academic departments of preventive medicine in the major medical schools across the country with state departments of health, in a network of prevention practitioners and policy makers who would work in concert to promote the nation's health. In any event, Americans' declining interest in increasing preventive practices within the health care system should be a cause for concern among everyone interested in promoting good health.

Has the decline in interest in preventive practices occurred uniformly, or is there more or less support for prevention among certain major subgroups in America?

Geographic Location and Population Density

Urban areas and areas in the Western part of the country have led the decline in support for a greater focus on prevention of disease in the health care system. Central cities experienced an 11% decline in those who say the health care system should give more emphasis to prevention, while support in rural areas has remained about the same. Attrition has been greatest in the Western part of the country, which experienced an 18% decline in support for prevention, from a high of 62% in 1983, to a low of 44% in 1987. During this period, the Western states moved from the leader in the promotion of prevention practices to barely above the Southern part of the country, which was and remains the area least concerned with promoting preventive practices in the health care system (Table 1-2).

Individual Demographic Differences

Men and women experienced similar declines in their willingness to promote preventive practices within the health care system. Across the board declines were also found among the various age groups, although there was a tendency for greater declines among those under 40 years of age as compared to those above 40.

A greater decline also occurred among those in the middle income groups, as compared to those whose household income was under $15,000 and those whose income was over $50,000 per year.

On the whole, the decline in support for prevention has occurred in almost every demographic subgroup, but is generally centered among those groups where support was strongest five years ago -- younger, middle income people, especially those in the Western part of the country.

At the same time, the increase in the perception that the health care system now has the right balance between prevention and treatment was greatest in the Eastern and Western sections of the country and about average in the South and Midwest. Aside from this difference, the increase in the perception that the health care system now has the right balance between prevention and treatment has occurred across the boards demographically. More men and women, young and old, rich and poor now believe that the health care system has the right balance (see Table 1-3).

Does Prevention Matter? Is Americans' Declining Interest in Prevention Within the Health Care System Justified?

How important is living a health conscious lifestyle? The Prevention survey shows that for those interested in feeling good physically, good health practices are very important. As illustrated by the data in Table 1-4, those who are aware of the relationship between their health and behavior and who make preventive practices part of their lifestyle are more likely to report excellent health than those who do not practice disease prevention. Relatively speaking, prevention practitioners are about fifty percent more likely than non-practitioners to report excellent health (21% vs. 31%).

Clearly, practicing prevention and good physical health go hand in hand. And while everyone wants excellent health, do people make the connection? And, if they do, are they willing to make the effort? Real progress in preventing disease can only be made if people change unhealthy lifestyles. What we eat, how, and how much we exercise, and the steps we take to avoid accidents and serious illness play major roles in determining how healthy we feel. So, too, do the potential health-suppressing behaviors: smoking, over use of alcohol, and stress. Isolated, these behaviors may seem distinct and unconnected. In everyday life, however, they work together to form part of what we refer to as a healthy or unhealthy lifestyle. Is the American health lifestyle changing? What subgroups in the population practice preventive measures in everyday living? Which groups have increased their practice of preventive behaviors? And in which groups have preventive behaviors declined? In the chapters of this report that follow, we will address each of these questions as they pertain to each set of preventive behaviors beginning with diet and nutrition, the subject of Chapter 2.

Q.2

Table 1-1

THE BALANCE BETWEEN TREATMENT AND PREVENTION IN THE HEALTH CARE SYSTEM

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
Balance Between Prevention and Treatment					
Got the right balance	18	23	24	29	32
Should give more emphasis to treatment	12	10	14	8	11
Should give more emphasis to prevention	52	52	51	43	45
More emphasis to both (vol.)	4	3	3	5	3
Not sure	13	12	8	15	9

Q.2

Table 1-2

PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	Percent of Total Adults Who Say Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	52	1250	45	-7
Region					
East	321	53	313	46	-7
Midwest	324	50	311	50	0
South	376	47	386	40	-7
West	233	62	240	44	-18
Urbanism					
Central city	385	54	379	43	-11
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	47	299	46	-1
Sex					
Men	608	55	598	46	-9
Women	646	49	652	43	-6
Race					
White	1049	53	1011	45	-8
Black	118	45	95	42	-3
Hispanic	87	42	92	48	+6
Age					
18-29 years	340	51	318	44	-7
30-39 years	285	58	299	46	-12
40-49 years	216	56	175	54	-2
50-64 years	215	52	238	45	-7
65 and over	194	42	211	37	-5

(Continued)

Q.2

Table 1-2 (Continued)

PERCENTAGE OF ADULTS WHO THINK THAT THE HEALTH CARE SYSTEM SHOULD GIVE MORE EMPHASIS TO PREVENTION, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percent of Total Adults Who Say Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	52	1250	45	-7
Education					
Not high school graduate	215	33	201	34	+1
High school graduate	433	51	442	39	-12
Some college	312	58	294	53	-5
Four-year college graduate	291	63	309	52	-11
Household Income					
$7,500 or less	137	42	123	36	-6
$7,501-$15,000	230	47	147	43	-4
$15,001-$25,000	287	52	275	43	-9
$25,001-$35,000	226	61	222	47	-14
$35,001-$50,000	128	64	206	51	-13
$50,001 and over	108	60	157	56	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	45	498	39	-6
Clerical, sales	148	58	186	47	-11
Professional, manager, or proprietor	424	59	442	53	-6
Self-Described Health Status					
Excellent	343	61	328	48	-13
Very good or good	718	50	734	46	-4
Fair or poor	189	44	185	33	-11

Q.2

Table 1-3

PERCENTAGE OF ADULTS WHO SAY THERE IS THE RIGHT BALANCE BETWEEN TREATMENT AND PREVENTION, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sichness, and another approach -- prevention -- which seeks to prevent sichness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

	Adults Who Say There Is the Right Balance Between Treatment and Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	18	1250	32	+14
Region					
East	321	15	313	30	+15
Midwest	324	22	311	35	+13
South	376	19	386	30	+11
West	233	14	240	33	+19
Urbanism					
Central city	385	15	379	34	+19
Rest of metropolitan area	562	20	572	32	+12
Outside metropolitan area	307	19	299	31	+12
Sex					
Men	608	17	598	31	+14
Women	646	19	652	33	+14
Race					
White	1049	19	1011	34	+15
Black	118	9	95	25	+16
Hispanic	87	20	92	27	+7
Age					
18-29 years	340	21	318	33	+12
30-39 years	285	20	299	33	+13
40-49 years	216	15	175	29	+14
50-64 years	215	16	238	33	+17
65 and over	194	15	211	30	+15

(Continued)

Q.2

Table 1-3 (Continued)

PERCENTAGE OF ADULTS WHO SAY THERE IS THE RIGHT BALANCE BETWEEN TREATMENT AND PREVENTION, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Say There Is the Right Balance Between Treatment and Prevention				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	18	1250	32	+14
Education					
Not high school graduate	215	13	201	29	+16
High school graduate	433	18	442	34	+16
Some college	312	21	294	29	+8
Four-year college graduate	291	19	309	34	+15
Household Income					
$7,500 or less	137	11	123	31	+20
$7,501-$15,000	230	18	147	34	+16
$15,001-$25,000	287	22	275	32	+10
$25,001-$35,000	226	17	222	34	+17
$35,001-$50,000	128	20	206	32	+12
$50,001 and over	108	23	157	32	+9
Usual Occupation of Head of Household					
Blue-collar labor, service	552	18	498	31	+13
Clerical, sales	148	18	186	37	+19
Professional, manager, or proprietor	424	18	442	31	+13

Q.1

Table 1-4

TRENDS IN THE PREVENTION INDEX, 1983-1987

Q.: How would you describe your own health?

Those reporting "excellent".

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
Prevention Index Score					
Low (Reluctant)	21 (324)	18 (254)	16 (207)	21 (195)	21 (183)
Moderate (Awakening)	27 (715)	22 (625)	19 (630)	27 (631)	23 (630)
High (Committed)	35 (215)	30 (374)	32 (419)	33 (424)	31 (437)

CHAPTER 2: NUTRITION

Introduction

During the last decade there has been a flood of research supporting the importance of avoiding certain food substances because of their ill effects on health, in particular, cardiovascular problems and cancer. This chapter focuses on how we, as a nation, are doing with respect to limiting the consumption of foods associated with various diseases, as well as increasing the consumption of foods that have been shown to promote good health.

Are Americans Changing Their Dietary Behavior?

Are we, as a nation, moving toward a more healthy diet? As shown by the data in Table 2-1, the answer to this question is a resounding no. Aside from a small increase in calcium consumption and a slight decline in vitamin and mineral consumption, almost no change has taken place in the last five years in the structure of the American diet as it relates to preventing illness.

Currently:

- Only about one out of three people say they try to avoid caffeine and food additives such as preservatives, colorings, and artificial flavorings.
- Less than half try a lot to avoid eating too much sugar and sweet food or very high cholesterol foods.
- Slight majorities are trying a lot to avoid eating too much sodium and fat.
- Fifty-four percent say that they try a lot to get enough calcium, which, while representing a 4% increase between 1983 and 1987, represents a 3% decline since 1986 when the figure stood at 57%.

These figures paint a rather dismal portrait of the average American diet, still dominated by high fat, low fiber foods. Are there any bright spots?

Are there certain groups of Americans whose diet is improving despite these rather bleak overall trends?

Demographic Differences in Nutritional Patterns

This section of Chapter 2 highlights both the current demographic patterns in each of food substance under consideration and the differences between subgroups with respect to changes in these patterns between 1983 and 1987.

Sodium Consumption

Table 2-2 shows that regionally, the East and the mid-West posted significant gains in avoiding sodium while the South and the West have experienced declines. Most significantly, those in central cities have become much more concerned about salt and sodium, showing a 10% increase between 1983 and 1987 while areas outside central cities experienced slight declines.

As in most areas of nutrition, women express more concern about sodium consumption than men, a difference that was maintained throughout the study period.

Those under thirty expressed the least concern about sodium consumption, and those over fifty the most. There is some indication, however, that this may be changing as younger people's interest in avoiding sodium has risen during the study period by 6% as compared to about a 2% decline among those over fifty.

The decline in interest in avoiding sodium is centered among those with higher income levels, with those whose household income was over $25,000 experiencing a 5% to 6% decrease in interest and those whose income was under $25,000 a year experiencing about a 4% increase in avoiding too much salt or sodium.

Avoiding Fat and Cholesterol

For the most part, differences among the various demographic subgroups with respect to the avoidance of fat and cholesterol are slight and inconsistent. It should be noted, however, that those in the lower income groups as well as Black and Hispanic minorities and those with less education may be becoming less concerned about this issue.

Older people, on the other hand, seem to be gaining interest in the avoidance of high cholesterol foods. Especially those between 40 and 64. Those under 40 experienced about a 4% decline in interest in avoiding high cholesterol foods between 1983 and 1987, further increasing the gap between older and younger people in this regard (Tables 2-3 and 2-4).

Avoiding Sugar and Sweets

Population subgroup differences with respect to the avoidance of too much sugar and sweet food are also relatively inconsistent. One exception to this should be noted. Interest in avoiding sugar and sweets seems to be increasing among those with less education and less income, while decreasing among those with more education and more income. Aside from this, demographic patterns indicate that the slight decline in interest in avoiding too much sugar and sweet food has occurred across the board (Table 2-5).

Calcium Consumption

The increase in calcium consumption is one of the few bright spots as far as changes in nutrition are concerned. Interestingly, the data reveal that the 4% increase nationally has not occurred consistently within the various subgroups in the nation. Regionally, for example, the East and Western parts of the country have experienced greater increases in calcium consumption than the mid-West or the South.

At the individual level, women have increased their calcium consumption, exhibiting a 9% increase between 1983 and 1987, while men declined by 3% during the same time period. Calcium consumption among Whites has increased by 5% while decreasing by 8% for Blacks. There is also indication that those with less education and less income are becoming more concerned about their calcium consumption, although these patterns are not as clear as those related to sex and ethnicity (Table 2-6).

The Avoidance of Caffeine in Beverages

Interest in the avoidance of caffeine in beverages has risen slightly in the East and mid-Western sections of the country while declining in the South and the West.

While little differences exist in the rate of change among the other major demographic subgroups with one exception that is worth noting. Interest among Blacks has declined by 13% between 1983 and 1987 while rising slightly for both White and Hispanic groups.

Women remain more concerned about the avoidance of caffeine in beverages as do older people, however, no change has occurred for either men or women, younger or older people during the period of the study (Table 2-7).

The Avoidance of Additives and Preservatives

Like the overall population change of -1%, changes within the various demographic subgroups in terms of the avoidance of additives and preservatives have been slight, inconsistent and for the most part, inconsequential. Two differences are worth noting, however. Those of Hispanic origin experienced a 13% decline over the last 5 years in the proportion trying to avoid additives and preservatives. It also appears that younger people, those under 30, are becoming less interested in avoiding additives and preservatives. The data show a 6% decline in interest among those under 30, while those over thirty show a slight increase in interest.

Overall, women and older people remain among the most interested groups in the population with the respect to the avoidance of additives and preservatives (Table 2-8).

Fiber Consumption

The Eastern and Western regions of the nation have experienced increases in interest in getting enough fiber while the mid-Western and Southern parts of the country have experienced declines.

While changes for both men and women have not been significant, differences among the three major ethnic groups in the country are important. Whites and Blacks have both experienced slight increases in the fiber consumption while Hispanics have experienced a 16% decline.

Important changes also occurred among the various age groups. Those in their thirties exhibiting a 10% decline in interest in fiber consumption, while those in their forties exhibiting an increase of 13%.

It should also be noted that the majority of the increase in fiber consumption has occurred among those making more than $35,000 a year, as compared to those making under $35,000. We found a 3% decrease in those getting enough fiber among people making under $35,000 and approximately a 4% increase in fiber consumption among those making more than $35,000 a year.

Currently, women, older people, and more educated people are more likely to be trying a lot to get enough fiber from whole grain cereals, fruits, and vegetables (Table 2-9).

Fish Consumption

While industry sources indicate that fish consumption has been on the rise, our data show that the rise in consumption is due, not to more people eating fish, but perhaps to fish eaters eating more fish. The proportion of American people who say they eat fish twice a week has declined by 1% between 1985, when the data were first collected, and 1987. This slight decline was primarily due to the 5% decrease in fish consumption among people in the Western part of the nation. The decline was also more concentrated among Hispanic people, those over 50 years of age, and those who have less education, primarily those who are not high school graduates. Those with four year college degrees, however, have increased fish consumption in the study period by 5%, as have those whose family income is over $35,000 a year.

Overall, however, the demographic differences among the various subpopulation characteristics are slight and inconsistent with respect to fish consumption (Table 2-10).

Vitamins and Other Food Supplements

While few clear and consistent demographic differences exist with respect to changes in behavioral patterns related to getting enough vitamins and minerals, there are some differences worth noting. The Western part of the country, for example, experienced a 3% increase, while the mid-West, South, and Eastern sections of the country exhibited declines in concern over vitamin and mineral consumption.

Although women still hold the edge over men in their concern about vitamin and mineral consumption, men's interest has remained stable between 1983 and 1987, while interest among women declined by 6%. Minority groups experienced greater declines than Whites in general, as did those under 40, and those with more education.

Overall, however, older people and those with more education do the most to try to get enough vitamins and minerals (Table 2[illegible]1).

Table 2-1

TRENDS IN DIET & NUTRITION, 1983-1987

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	1987 Survey %	Percentage Point Change From 1983 to 1987
HEALTH-ENHANCING BEHAVIORS						
Nutrition						
General Diet						
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	-1
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	0
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	-2
Try a lot to get enough calcium	50	45	57	57	54	+4
Try a lot to avoid caffeine in beverages such as coffee, tea, and certain soda pop	NA	34	37	34	34	0
Try a lot to avoid foods that contain additives such as preservatives, colorings, and artificial flavorings	NA	37	33	36	36	-1
Specific Foods						
Try a lot to eat enough fiber	59	58	59	59	60	+1
Try a lot to eat fish twice a week	NA	NA	34	31	33	-1
Try to eat vegetables in the cabbage family	NA	NA	62	65	59	-3
Food Supplements						
Percent who use food supplements	NA	NA	NA	NA	53	NA
Try a lot to get enough vitamins and minerals	63	57	63	63	59	-4

NOTE: NA = Not applicable. In these categories, and for these years, the questions containing this information were not asked.

Q.10a

Table 2-2

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN SODIUM CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much salt or sodium?

	Percent Who Try a Lot to Avoid Eating Too Much Salt or Sodium 1983		1987		Percentage Point Change From 1983 to 1987
	Base	%	Base	%	
Total Adults	1254	53	1250	54	+1
Region					
East	321	54	313	59	+5
Midwest	324	48	311	52	+4
South	376	51	386	48	-3
West	233	61	240	59	-2
Urbanism					
Central city	385	49	379	59	+10
Rest of metropolitan area	562	55	572	52	-3
Outside metropolitan area	307	53	299	52	-1
Sex					
Men	608	49	598	50	+1
Women	646	56	652	58	+2
Race					
White	1049	53	1011	55	+2
Black	118	55	95	53	-2
Hispanic	87	49	92	48	-1
Age					
18-29 years	340	41	318	47	+6
30-39 years	285	50	299	50	0
40-49 years	216	52	175	53	+1
50-64 years	215	63	238	62	-1
65 and over	194	65	211	62	-3
Education					
Not high school graduate	215	46	201	52	+6
High school graduate	433	52	442	49	-3
Some college	312	54	294	62	+8
Four-year college graduate	291	59	309	54	-5

(Continued)

Q.10a

Table 2-2 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN SODIUM CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Too Much Salt or Sodium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	53	1250	54	+1
Household Income					
$7,500 or less	137	54	123	62	+8
$7,501-$15,000	230	53	147	52	-1
$15,001-$25,000	287	49	275	55	+6
$25,001-$35,000	226	54	222	50	-4
$35,001-$50,000	128	59	206	50	-9
$50,001 and over	108	57	157	53	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	48	498	47	-1
Clerical, sales	148	50	186	62	+12
Professional, manager, or proprietor	424	59	442	57	-2

Q.10b

Table 2-3

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN FAT CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much fat?

	Percent Who Try a Lot to Avoid Eating Too Much Fat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	55	1250	54	-1
Region					
East	321	56	313	54	-2
Midwest	324	51	311	54	+3
South	376	58	386	53	-5
West	233	56	240	55	-1
Urbanism					
Central city	385	56	379	56	0
Rest of metropolitan area	562	54	572	52	-2
Outside metropolitan area	307	58	299	54	-4
Sex					
Men	608	48	598	48	0
Women	646	61	652	59	-2
Race					
White	1049	54	1011	55	+1
Black	118	64	95	53	-11
Hispanic	87	53	92	53	0
Age					
18-29 years	340	42	318	41	-1
30-39 years	285	53	299	50	-3
40-49 years	216	55	175	52	-3
50-64 years	215	63	238	68	+5
65 and over	194	73	211	65	-8
Education					
Not high school graduate	215	58	201	49	-9
High school graduate	433	55	442	51	-4
Some college	312	53	294	59	+6
Four-year college graduate	291	56	309	56	0

(Continued)

Q.10b

Table 2-3 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN FAT CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Too Much Fat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	55	1250	54	-1
Household Income					
$7,500 or less	137	55	123	53	-2
$7,501-$15,000	230	56	147	54	-2
$15,001-$25,000	287	56	275	50	-6
$25,001-$35,000	226	52	222	54	+2
$35,001-$50,000	128	59	206	55	-4
$50,001 and over	108	56	157	58	+2
Usual Occupation of Head of Household					
Blue-collar labor, service	552	54	498	50	-4
Clerical, sales	148	54	186	60	+6
Professional, manager, or proprietor	424	59	442	54	-5

Q.10d

Table 2-4

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN HIGH-CHOLESTEROL FOOD CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats?

	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	42	1250	42	0
Region					
East	321	46	313	42	-4
Midwest	324	38	311	38	0
South	376	42	386	45	+3
West	233	42	240	43	+1
Urbanism					
Central city	385	42	379	45	+3
Rest of metropolitan area	562	41	572	40	-1
Outside metropolitan area	307	43	299	42	-1
Sex					
Men	608	36	598	35	-1
Women	646	47	652	49	+2
Race					
White	1049	42	1011	44	+2
Black	118	44	95	34	-10
Hispanic	87	40	92	34	-6
Age					
18-29 years	340	28	318	28	0
30-39 years	285	45	299	37	-8
40-49 years	216	41	175	51	+10
50-64 years	215	48	238	52	+4
65 and over	194	57	211	56	-1
Education					
Not high school graduate	215	44	201	41	-3
High school graduate	433	40	442	39	-1
Some college	312	39	294	43	+4
Four-year college graduate	291	46	309	47	+1

(Continued)

Q. 10d

Table 2-4 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN HIGH-CHOLESTEROL FOOD CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating High-Cholesterol Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	42	1250	42	0
Household Income					
$7,500 or less	137	43	123	42	-1
$7,501-$15,000	230	39	147	35	-4
$15,001-$25,000	287	42	275	41	-1
$25,001-$35,000	226	39	222	44	+5
$35,001-$50,000	128	40	206	49	+9
$50,001 and over	108	44	157	41	-3
Usual Occupation of Head of Household					
Blue-collar labor, service	552	40	498	36	-4
Clerical, sales	148	39	186	50	+11
Professional, manager, or proprietor	424	44	442	45	+1

Q.10f

Table 2-5

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN SUGAR AND SWEET FOOD CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid eating too much sugar and sweet food?

	Percent Who Try a Lot to Avoid Eating Sugar and Sweet Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	51	1250	49	-2
Region					
East	321	52	313	55	+3
Midwest	324	49	311	47	-2
South	376	53	386	46	-7
West	233	52	240	50	-2
Urbanism					
Central city	385	52	379	52	0
Rest of metropolitan area	562	53	572	45	-8
Outside metropolitan area	307	48	299	53	+5
Sex					
Men	608	46	598	42	-4
Women	646	55	652	55	0
Race					
White	1049	52	1011	50	-2
Black	118	51	95	47	-4
Hispanic	87	46	92	46	0
Age					
18-29 years	340	44	318	39	-5
30-39 years	285	48	299	52	+4
40-49 years	216	54	175	52	-2
50-64 years	215	56	238	59	+3
65 and over	194	59	211	50	-9
Education					
Not high school graduate	215	46	201	51	+5
High school graduate	433	51	442	43	-8
Some college	312	51	294	49	-2
Four-year college graduate	291	58	309	57	-1

(Continued)

Q.10f

Table 2-5 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN SUGAR AND SWEET FOOD CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Avoid Eating Sugar and Sweet Foods				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	51	1250	49	-2
Household Income					
$7,500 or less	137	51	123	56	+5
$7,501-$15,000	230	50	147	46	-4
$15,001-$25,000	287	49	275	47	-2
$25,001-$35,000	226	49	222	48	-1
$35,001-$50,000	128	57	206	47	-10
$50,001 and over	108	57	157	57	0
Usual Occupation of Head of Household					
Blue-collar labor, service	552	51	498	47	-4
Clerical, sales	148	49	186	54	+5
Professional, manager, or proprietor	424	54	442	48	-6

Q.10g

Table 2-6

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CALCIUM CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to get enough calcium in foods or in supplements?

	Percent of Those Who Try a Lot to Get Enough Calcium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	50	1250	54	+4
Region					
East	321	47	313	52	+5
Midwest	324	51	311	51	0
South	376	51	386	51	0
West	233	52	240	63	+11
Urbanism					
Central city	385	48	379	54	+6
Rest of metropolitan area	562	53	572	51	-2
Outside metropolitan area	307	49	299	57	+8
Sex					
Men	608	47	598	44	-3
Women	646	53	652	62	+9
Race					
White	1049	50	1011	55	+5
Black	118	48	95	40	-8
Hispanic	87	54	92	57	+3
Age					
18-29 years	340	47	318	53	+6
30-39 years	285	52	299	49	-3
40-49 years	216	47	175	52	+5
50-64 years	215	49	238	56	+7
65 and over	194	59	211	59	0
Education					
Not high school graduate	215	48	201	50	+2
High school graduate	433	48	442	52	+4
Some college	312	54	294	55	+1
Four-year college graduate	291	53	309	56	+3

(Continued)

Q.10g

Table 2-6 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CALCIUM CONSUMPTION, 1983-1987

	Percent of Those Who Try a Lot to Get Enough Calcium				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	50	1250	54	+4
Household Income					
$7,500 or less	137	55	123	62	+7
$7,501-$15,000	230	45	147	53	+8
$15,001-$25,000	287	49	275	53	+4
$25,001-$35,000	226	53	222	56	+3
$35,001-$50,000	128	55	206	54	-1
$50,001 and over	108	48	157	47	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	552	48	498	47	-1
Clerical, sales	148	50	186	59	+9
Professional, manager, or proprietor	424	53	442	57	+4

Q.10b

Table 2-7

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF CAFFEINE IN BEVERAGES, 1984-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid caffeine in beverages, such as coffee, tea, and certain soda pop?

	Percent of Those Who Try a Lot to Avoid Caffeine in Beverages				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	34	1250	34	0
Region					
East	321	33	313	35	+2
Midwest	326	31	311	37	+6
South	373	33	386	30	-3
West	233	40	240	33	-7
Urbanism					
Central city	384	35	379	33	-2
Rest of metropolitan area	561	33	572	35	+2
Outside metropolitan area	308	34	299	31	-3
Sex					
Men	619	30	598	29	-1
Women	634	37	652	37	0
Race					
White	1089	31	1011	33	+2
Black	110	49	95	36	-13
Hispanic	72	30	92	35	+5
Age					
18-29 years	363	27	318	28	+1
30-39 years	283	33	299	32	-1
40-49 years	175	32	175	29	-3
50-64 years	238	38	238	39	+1
65 and over	190	41	211	44	+3
Education					
Not high school graduate	233	38	201	36	-2
High school graduate	445	32	442	33	+1
Some college	287	30	294	31	+1
Four-year college graduate	286	36	309	35	-1

(Continued)

Q.10h

Table 2-7 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF CAFFEINE IN BEVERAGES, 1984-1987

	Percent of Those Who Try a Lot to Avoid Caffeine in Beverages				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	34	1250	34	0
Household Income					
$7,500 or less	139	40	123	44	+4
$7,501-$15,000	230	33	147	33	0
$15,001-$25,000	268	35	275	30	-5
$25,001-$35,000	237	34	222	30	-4
$35,001-$50,000	159	33	206	34	+1
$50,001 and over	112	26	157	32	+6
Usual Occupation of Head of Household					
Blue-collar labor, service	523	33	498	30	-3
Clerical, sales	161	34	186	35	+1
Professional, manager, or proprietor	483	35	442	35	0

Q.101

Table 2-8

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF FOODS THAT CONTAIN ADDITIVES, 1984-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to avoid food that contain additives, such as preservatives, colorings, and artificial flavorings?

	Percent of Those Who Try a Lot to Avoid Foods That Contain Additives				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	37	1250	36	-1
Region					
East	321	44	313	43	-1
Midwest	326	29	311	33	+4
South	373	35	386	33	-2
West	233	42	240	38	-4
Urbanism					
Central city	384	42	379	40	-2
Rest of metropolitan area	561	36	572	34	-2
Outside metropolitan area	308	34	299	35	+1
Sex					
Men	619	30	598	32	+2
Women	634	44	652	40	-4
Race					
White	1089	35	1011	35	0
Black	110	47	95	49	+2
Hispanic	72	43	92	30	-13
Age					
18-29 years	363	29	318	23	-6
30-39 years	283	33	299	35	+2
40-49 years	175	37	175	41	+4
50-64 years	238	45	238	47	+2
65 and over	190	46	211	46	0
Education					
Not high school graduate	233	42	201	43	+1
High school graduate	445	34	442	33	-1
Some college	287	36	294	32	-4
Four-year college graduate	286	40	309	42	+2

(Continued)

Q.101

Table 2-8 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF FOODS THAT CONTAIN ADDITIVES, 1984-1987

	Percent of Those Who Try a Lot to Avoid Foods That Contain Additives				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	37	1250	36	-1
Household Income					
$7,500 or less	139	47	123	42	-5
$7,501-$15,000	230	38	147	36	-2
$15,001-$25,000	268	39	275	35	-4
$25,001-$35,000	237	32	222	36	+4
$35,001-$50,000	159	34	206	32	-2
$50,001 and over	112	35	157	37	+2
Usual Occupation of Head of Household					
Blue-collar labor, service	523	36	498	34	-2
Clerical, sales	161	37	186	37	0
Professional, manager, or proprietor	483	38	442	39	+1

Q.10c

Table 2-9

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN FIBER CONSUMPTION, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat enough fiber from whole grains, cereals, fruits, and vegetables?

	Percent Who Try a Lot to Eat Enough Fiber				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	59	1250	60	+1
Region					
East	321	56	313	62	+6
Midwest	324	59	311	51	-8
South	376	61	386	59	-2
West	233	63	240	67	+4
Urbanism					
Central city	385	60	379	63	+3
Rest of metropolitan area	562	59	572	55	-4
Outside metropolitan area	307	59	299	63	+4
Sex					
Men	608	54	598	52	-2
Women	646	64	652	66	+2
Race					
White	1049	60	1011	61	+1
Black	118	58	95	65	+7
Hispanic	87	59	92	43	-16
Age					
18-29 years	340	47	318	47	0
30-39 years	285	63	299	53	-10
40-49 years	216	54	175	67	+13
50-64 years	215	71	238	72	+1
65 and over	194	68	211	68	0
Education					
Not high school graduate	215	58	201	57	-1
High school graduate	433	54	442	56	+2
Some college	312	61	294	60	-1
Four-year college graduate	291	66	309	66	0

(Continued)

Q.10c

Table 2-9 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN FIBER CONSUMPTION, 1983-1987

	Percent Who Try a Lot to Eat Enough Fiber				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	59	1250	60	+1
Household Income					
$7,500 or less	137	59	123	59	0
$7,501-$15,000	230	63	147	57	-6
$15,001-$25,000	287	60	275	58	-2
$25,001-$35,000	226	57	222	56	-1
$35,001-$50,000	128	60	206	63	+3
$50,001 and over	108	55	157	62	+7
Usual Occupation of Head of Household					
Blue-collar labor, service	552	59	498	54	-5
Clerical, sales	148	58	186	60	+2
Professional, manager, or proprietor	424	62	442	65	+3

Q.10j

Table 2-10

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF FISH, 1985-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat fish twice a week?

	Percent of Those Who Try a Lot to Eat Fish Twice a Week				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	34	1250	33	-1
Region					
East	313	35	313	36	+1
Midwest	311	30	311	28	-2
South	388	34	386	34	0
West	244	38	240	33	-5
Urbanism					
Central city	381	37	379	35	-2
Rest of metropolitan area	577	34	572	35	+1
Outside metropolitan area	298	32	299	26	-6
Sex					
Men	616	35	598	33	-2
Women	640	34	652	32	-2
Race					
White	1050	33	1011	33	0
Black	110	41	95	37	-4
Hispanic	55	38	92	21	-17
Age					
18-29 years	320	23	318	26	+3
30-39 years	335	35	299	33	-2
40-49 years	192	33	175	34	+1
50-64 years	253	46	238	41	-5
65 and over	155	41	211	33	-8
Education					
Not high school graduate	182	34	201	24	-10
High school graduate	448	34	442	33	-1
Some college	317	35	294	30	-5
Four-year college graduate	308	34	309	39	+5

(Continued)

Q.10j

Table 2-10 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF FISH, 1985-1987

	Percent of Those Who Try a Lot to Eat Fish Twice a Week				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	34	1250	33	-1
Household Income					
$7,500 or less	106	35	123	24	-11
$7,501-$15,000	188	33	147	27	-6
$15,001-$25,000	272	31	275	32	+1
$25,001-$35,000	264	35	222	33	-2
$35,001-$50,000	189	32	206	36	+4
$50,001 and over	145	41	157	45	+4
Usual Occupation of Head of Household					
Blue-collar labor, service	488	31	498	30	-1
Clerical, sales	221	35	186	31	-4
Professional, manager, or proprietor	449	36	442	38	+2

Q.10e

Table 2-11

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN THE CONSUMPTION OF VITAMINS AND MINERALS, 1983-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to get enough vitamins and minerals in foods or in supplements?

	Percent of Those Who Try a Lot to Get Enough Vitamins and Minerals				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	63	1250	59	-4
Region					
East	321	60	313	58	-2
Midwest	324	62	311	54	-8
South	376	65	386	59	-6
West	233	64	240	67	+3
Urbanism					
Central city	385	59	379	60	+1
Rest of metropolitan area	562	65	572	58	-7
Outside metropolitan area	307	63	299	58	-5
Sex					
Men	608	55	598	54	-1
Women	646	69	652	63	-6
Race					
White	1049	62	1011	60	-2
Black	118	64	95	52	-12
Hispanic	87	67	92	56	-11
Age					
18-29 years	340	59	318	52	-7
30-39 years	285	71	299	58	-13
40-49 years	216	59	175	58	-1
50-64 years	215	60	238	67	+7
65 and over	194	68	211	62	-6
Education					
Not high school graduate	215	59	201	56	-3
High school graduate	433	61	442	59	-2
Some college	312	66	294	57	-9
Four-year college graduate	291	66	309	62	-4

(Continued)

Q.10e

Table 2-11 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN THE CONSUMPTION OF VITAMINS AND MINERALS, 1983-1987

	Percent of Those Who Try a Lot to Get Enough Vitamins and Minerals				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	63	1250	59	-4
Household Income					
$7,500 or less	137	60	123	59	-1
$7,501-$15,000	230	62	147	60	-2
$15,001-$25,000	287	69	275	58	-11
$25,001-$35,000	226	63	222	55	-8
$35,001-$50,000	128	63	206	61	-2
$50,001 and over	108	60	157	58	-2
Usual Occupation of Head of Household					
Blue-collar labor, service	552	63	498	55	-8
Clerical, sales	148	61	186	66	+5
Professional, manager, or proprietor	424	63	442	60	-3

Q.10k

Table 2-12

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF VEGETABLES IN THE CABBAGE FAMILY, 1985-1987

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to eat vegetables in the cabbage family, such as cabbage, broccoli, brussels sprouts, and cauliflower?

	Percent of Those Who Try a Lot to Eat Vegetables in the Cabbage Family				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	62	1250	59	-3
Region					
East	313	61	313	59	-2
Midwest	311	55	311	56	+1
South	388	67	386	60	-7
West	244	62	240	63	+1
Urbanism					
Central city	381	61	379	58	-3
Rest of metropolitan area	577	63	572	61	-2
Outside metropolitan area	298	59	299	58	-1
Sex					
Men	616	56	598	55	-1
Women	640	67	652	63	-4
Race					
White	1050	61	1011	59	-2
Black	110	67	95	61	-6
Hispanic	55	72	92	61	-11
Age					
18-29 years	320	52	318	49	-3
30-39 years	335	64	299	59	-5
40-49 years	192	56	175	63	+7
50-64 years	253	71	238	70	-1
65 and over	155	69	211	59	-10
Education					
Not high school graduate	182	67	201	56	-11
High school graduate	448	57	442	59	+2
Some college	317	65	294	60	-5
Four-year college graduate	308	61	309	60	-1

(Continued)

Q.10k

Table 2-12 (Continued)

DEMOGRAPHIC DIFFERENCES IN THE CHANGE IN CONSUMPTION OF VEGETABLES IN THE CABBAGE FAMILY, 1985-1987

	Percent of Those Who Try a Lot to Eat Vegetables in the Cabbage Family				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	62	1250	59	-3
Household Income					
$7,500 or less	106	58	123	60	+2
$7,501-$15,000	188	60	147	58	-2
$15,001-$25,000	272	62	275	60	-2
$25,001-$35,000	264	66	222	58	-8
$35,001-$50,000	189	65	206	59	-6
$50,001 and over	145	61	157	60	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	488	57	498	57	0
Clerical, sales	221	68	186	66	-2
Professional, manager, or proprietor	449	63	442	58	-5

CHAPTER 3: EXERCISE

Introduction

While proper nutrition provides the fuel the body needs, regular exercise provides the challenge needed for peak performance. It will come as no surprise that as a nation we need to exercise more. Perhaps no other single factor is as important in serving as both a sign of good health and an underlying basis for it. Despite this importance, no national leader since President John Kennedy in the early 1960's has strongly promoted this vital health enhancing activity.

How many Americans exercise regularly? If you ask people if they get any regular exercise either at work or somewhere else the vast majority report that they get regular exercise. In 1987, fully 79% of those questioned indicated that they did so. Generally speaking, "regular exercise" means walking to most people. As indicated by the data in Table 3-1, most Americans say that they have walked for exercise in the past month. Of these, the majority, fully 72% are walking at least several times a week for exercise.

Demographic Differences in Walking for Exercise

Demographically, the slight increase in the proportion of those who say they walk at least several days a week for exercise was centered in the East and mid-Western sections of the country, both of which experienced a 5% increase in this figure, as compared to no increase in the Southern and Western sections of the country.

Women tend to walk for exercise at a higher rate than men, and this discrepancy may be increasing. Between 1986 and 1987 women experienced a 5%

increase in the rate of those who walk at least several days a week for exercise as compared to a 1% decline among men.

Ethnically, Whites and Hispanics are more likely to walk for exercise than Blacks, those in the former two ethnic groups experiencing a 5-8% increase in the number of people who say that they walk for exercise during the last year, while Blacks experienced a 6% decline in this figure.

The number of older people, that is those 65 years of age and older, who say that they walk at least several days a week for exercise has increased dramatically over the last year, some 11%, from 24% in 1986 to 35% in 1987. All other age groups have remained relatively stable during this time period (Table 3-2).

Regular Strenuous Exercise

Although walking is undoubtedly the best exercise for many people, we know from a wide variety of research that regular strenuous exercise, exercise that causes an individual to breathe heavily and the heart and pulse rate to be accelerated, (i.e. aerobic exercise) is the form of exercise most likely to have health and longevity benefits. It is in this vital area that Americans fall short. In 1987, only 35% of those questioned indicated that they got regular strenuous exercise at least three days a week, the recognized minimum for maintaining fitness and good health. Only 20% said that they got exercise four or more days a week, the minimum necessary for improving conditioning. Only 9%, less than one out of ten Americans, make strenuous exercise a regular and routine part of their daily lives.

It is also important to note the number of Americans who say that they get strenuous exercise on an irregular basis, a behavior that has been linked to injuries and sudden death. These "weekend athletes" are usually poorly conditioned, and challenge their bodies in inappropriate ways. They are as much at risk as those who do little or no regular exercise. In 1987, this group made up 30% of the nation's population, a figure that has remained relatively stable since the first year of this survey, 1983 (Table 3-3).

Regional and Population Density Differences in Strenuous Exercise

Regionally, the Western part of the nation sets the pace in the proportion who exercise, with 44% reporting that they exercise strenuously three or more days a week in 1987. This figure represents a 7% increase over the Wests' figure for 1983. In the South, 38% say they exercise strenuously on a regular basis, which represents a 4% increase over the 1983 figure. In the mid-West, however, only 31% exercise regularly and this figure represents a 5% decline since 1983. The Eastern region remained relatively stable at 31% between 1983 and 1987.

Those in the central cities of the nation tend to exercise strenuously on a more regular basis than those in the rural areas. Since 1983, rural areas have experienced an 7% decline in the number exercising regularly, while urban areas have experienced a 7% increase in this figure.

Individual Characteristics Associated With Regular Strenuous Exercise

Men lead the way in the proportion who say that they exercise strenuously on a regular basis. In 1987, 44% of the men questioned indicated that they did so, while only 28% of the women indicated that they exercised strenuously on a regular basis. These figures have remained almost identical since the first year of the survey.

Ethnically, Blacks exhibited a tremendous increase in the rate of those indicating regular strenuous exercise. In 1983, only 28% of the Blacks questioned indicated that they exercised regularly, whereas in 1987, 48%, an increase of 20% over 1983, indicated that they did so. The rate of strenuous, regular exercise for Whites and Hispanics remained stable between 1983 and 1987, with 35% of the Whites exercising regularly along with 33% of the Hispanics.

Age plays a major role in determining who is likely to exercise strenuously on a regular basis. Generally speaking, younger people are far more likely to exercise strenuously than older people. In 1987, more than half (51%) of those between the ages of 18 and 29 said that they exercised regularly, compared to only 17% of those 65 years of age and older. That 17% figure represents a 6% decline since 1983 in the rate of strenuous exercise among those over 65 years of age. Those between 50 and 64 years of age have also experienced a decline in the rate of strenuous exercise, from 30% in 1983, to 29% in 1987. All told, the rate for those above 50 declined by about 4%, compared to a 7% increase among those below 50, a difference of 11%. The decline in the rate of regular strenuous exercise for older people has not been offset by walking. People over the age of 50 are no more likely than younger people to say that they walk regularly for exercise.

More education and greater income is associated with higher probability of exercising strenuously on a regular basis. Those who did not graduate from high school show a 5% decline between 1983 and 1987 in the rate of strenuous exercise, as do those whose household income was less than $7,500 a year experienced a 4% decline during this same period.

Not surprisingly, those who indicate that they exercise strenuously on a regular basis are also more likely to report excellent health. In 1987, 48% of those who said they exercised strenuously on a regular basis said that they were in excellent physical health as compared to only 26% of those who said that they were in fair or poor physical condition. These figures strongly indicate that exercise is both an underlying factor as well as a result of feeling good physically and plays a critical role in any overall strategy to promote the health of the nation.

Q.14, 43b, 15

Table 3-1

TRENDS IN REGULAR EXERCISE, WALKING, AND STRENUOUS EXERCISE

Q.: At the present time, do you get any regular exercise, either at work or somewhere else?

Q.: How often did you walk for exercise in the past month?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
Regularity of Any Exercise					
Get regular exercise	78	75	77	76	79
Do not get regular exercise	22	25	23	24	21
Not sure	*	*	*	*	*
Frequency of Walking					
(Base)					(794)
Once	NA	NA	NA	2	3
2 to 3 times in month	NA	NA	NA	11	10
Weekly	NA	NA	NA	13	15
Several times a week	NA	NA	NA	31	34
				72	72
Daily	NA	NA	NA	41	38
Not sure	NA	NA	NA	1	*
Refused	NA	NA	NA	*	*

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*Less than 0.5%.

NOTE: NA = Not applicable. In these categories, and for those years, the question containing this information was not asked.

(Continued)

Q.14, 43b, 15

Table 3-1 (Continued)

TRENDS IN REGULAR EXERCISE, WALKING, AND STRENUOUS EXERCISE

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey	
Base	1254		1253		1256		1250		1250	
	%		%		%		%		%	
Frequency of Strenuous Exercise										
Never	24		23		21		23		24	
Less than 1 day a month	6		7		8		7		6	
1 to 3 days a month	9		11		13		11		10	
1 day a week	13		14		16		12		14	
2 days a week	12		10		11		12		11	
3 days a week	13		15		13		14		15	
4 to 5 days a week	9	34	9	33	10	31	9	33	11	35
6 to 7 days a week	12		9		8		10		9	
Not sure	2		1		1		1		1	

Q.43b

Table 3-2

CHANGE IN THE RATE OF WALKING SEVERAL DAYS A WEEK, DEMOGRAPHIC SUB-POPULATIONS, 1986-1987

Base: Have walked for exercise

Q.: How often did you walk for exercise in the past month?

	Percent of Those Who Walk at Least Several Days a Week				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	857	31	794	34	+3
Region					
East	210	30	202	35	+5
Midwest	219	27	197	32	+5
South	260	33	239	33	0
West	168	34	156	34	0
Urbanism					
Central city	255	29	248	34	+5
Rest of metropolitan area	386	31	353	33	+2
Outside metropolitan area	216	34	193	35	+1
Sex					
Men	396	30	353	29	-1
Women	461	32	441	37	+5
Race					
White	702	32	651	37	+5
Black	74	26	59	20	-6
Hispanic	57	27	57	35	+8
Age					
18-29 years	212	29	181	31	-2
30-39 years	227	30	194	34	+4
40-49 years	119	39	114	39	0
50-64 years	171	35	160	33	-2
65 and over	128	24	140	35	+11
Education					
Not high school graduate	124	24	114	25	+1
High school graduate	306	28	271	35	+7
Some college	225	35	194	32	-3
Four-year college graduate	202	34	213	39	+5

(Continued)

Q.43b

Table 3-2 (Continued)

CHANGE IN THE RATE OF WALKING SEVERAL DAYS A WEEK, DEMOGRAPHIC SUB-POPULATIONS, 1986-1987

Base: Have walked for exercise

	Percent of Those Who Walk at Least Several Days a Week				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	857	31	794	34	+3
Household Income					
$7,500 or less	81	23	80	17	-6
$7,501-$15,000	125	29	100	32	+3
$15,001-$25,000	182	28	161	33	+5
$25,001-$35,000	149	34	152	38	+4
$35,001-$50,000	131	38	134	42	+4
$50,001 and over	101	37	98	36	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	345	28	302	32	+4
Clerical, sales	112	40	122	35	-5
Professional, manager, or proprietor	302	33	295	36	+3
Self-Described Health Status					
Excellent	232	30	210	36	+6
Very good or good	507	30	475	34	+4
Fair or poor	116	38	107	29	-9

Q.15

Table 3-3

CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE FOR VARIOUS DEMOGRAPHIC SUB-POPULATIONS, 1983-1987

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	34	1250	35	+1
Region					
East	321	29	313	31	+2
Midwest	324	36	311	31	-5
South	376	34	386	38	+4
West	233	37	240	44	+7
Urbanism					
Central city	385	33	379	40	+7
Rest of metropolitan area	562	32	572	36	+4
Outside metropolitan area	307	36	299	29	-7
Sex					
Men	608	42	598	44	+2
Women	646	26	652	28	+2
Race					
White	1049	34	1011	35	+1
Black	118	28	95	48	+20
Hispanic	87	32	92	33	+1
Age					
18-29 years	340	42	318	51	+9
30-39 years	285	39	299	34	-5
40-49 years	216	26	175	35	+9
50-64 years	215	30	238	29	-1
65 and over	194	23	211	17	-6
Education					
Not high school graduate	215	32	201	27	-5
High school graduate	433	31	442	32	+1
Some college	312	36	294	39	+3
Four-year college graduate	291	39	309	42	+3

(Continued)

Q.15

Table 3-3 (Continued)

CHANGE IN THE RATE OF REGULAR STRENUOUS EXERCISE FOR VARIOUS DEMOGRAPHIC SUB-POPULATIONS, 1983-1987

	Percentages of Those Who Exercise Strenuously 3 or More Days Per Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	34	1250	35	+1
Household Income					
$7,500 or less	137	29	123	25	-4
$7,501-$15,000	230	27	147	32	+5
$15,001-$25,000	287	37	275	36	-1
$25,001-$35,000	226	40	222	39	-1
$35,001-$50,000	128	37	206	38	+1
$50,001 and over	108	40	157	44	+4
Usual Occupation of Head of Household					
Blue-collar labor, service	552	35	498	37	+2
Clerical, sales	148	24	186	35	+11
Professional, manager, or proprietor	424	36	442	35	-1
Self-Described Health Status					
Excellent	343	46	328	48	+2
Very good or good	718	34	734	32	-2
Fair or poor	189	22	185	26	+4

CHAPTER 4: WEIGHT CONTROL, THE AMERICAN OBSESSION

Introduction

With so few people exercising strenuously it is little wonder that many Americans are obsessed with their weight. Each year billions of dollars are spent on diet workshops, diet foods, and diet books. Since there is little understanding that being thin is a part of a lifestyle that includes exercise and good nutrition, most dieters fail to loose weight.

Are Americans really obsessed about their weight? Forty-three percent feel overweight. Interestingly, more women than men feel this way, even though objectively fewer women are overweight (Table 4-4). Not surprisingly, given these figures, women are more likely to be dieters, 44% in 1987 compared to only 31% of the men. There has, however, been a slight decline in this figure since 1983 when 50% of the women said they were trying to lose weight. (See Table 4-5.)

The failure of Americans to control their weight is shown by the data in Table 4-1. Amidst the abundance of food that we enjoy, six out of ten weigh more than they should for their height and bone structure. Fifteen percent are at least 20% above their recommended weight and only about one out of four are within recommended range.

Of equal importance are those who are below their recommended weight range, which may be an indication of malnutrition or illness. In 1987, 16% of those questioned were below their recommended weight range, a figure that has decreased since 1983.

Demographic Differences In Weight Control

About equal numbers of men and women are currently within their recommended weight range. These figures represent a 6% increase in the number of men who are within their recommended weight range, while this same figure for women has declined by 2% during the same time period.

Ethnically, the proportion of whites within recommended weight range was constant during the last three years, but the rate for Blacks and Hispanics changed significantly. A dramatic improvement occurred among Blacks, only 11% of whom were within their recommended weight range within 1984 compared to 20% in 1987. Hispanics, on the other hand, experienced a decline in the number of people within the recommended weight range from 30% in 1984 to 20% in 1987.

The slight increase in the proportion of Americans within their recommended weight range occurred primarily among those under 40 years of age (10%), while little or no change occurred among those over 40 years of age (Table 4-2).

The slight increase in the proportion of people who are overweight during the last five years is primarily due to an 8% increase in overweight people in the mid-West.

While women still tend to be less overweight than men (66% to 53%), this difference may be narrowing. In 1984, 47% of the women were overweight compared to 53% in 1987. During this same time period men exhibited no difference in the rate of overweight.

Ethnically, Hispanics are worse off in this regard than the other ethnic groups. In 1984, 49% of the Hispanics were overweight, compared to 70% in 1987, an increase of 21%.

The proportion of those overweight tends to increase with age, up to 65 years of age, after which the proportion overweight drops off. Fifty-one percent of those 18 to 29 years of age were overweight in 1987, compared to 71% of those 50-64 years of age. For those over 65 years of age, however, this figure drops to 57%, a decrease of 6% since 1983. At the same time, however, those under 40 years of age experienced about a 6% increase in the number of people who are overweight.

Being overweight also tends to be isolated in lower socioeconomic strata. Seventy-two percent of those who did not graduate from high school were overweight in 1987, compared to 51% of those with four year college degrees. The pattern among household income groups is not as clear, primarily due to the strong increase in the proportion of overweight among those whose household income was between $25,000 and $35,000 a year. This figure has increased 12% since 1983 to a high of 65% (Table 4-3).

Q.11, 12, 13

Table 4-1

TRENDS IN WEIGHT CONTROL

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey	
Base	995		1047		1061		1022		1008	
	%		%		%		%		%	
30% or more above range	6	58	6	56	8	62	6	59	7	59
20% to 29.9% above range	9		7		7		7		8	
10% to 19.9% above range	15		15		14		15		17	
5% to 9.9% above range	13		11		16		15		14	
Up to 4.9% above range	16		16		16		15		13	
Within recommended range	23		22		21		23		24	
Up to 4.9% below range	9	19	9	17	9	17	10	18	8	16
5% to 9.9% below range	6		5		4		5		5	
10% or more below range	4		3		4		3		3	

Based on those aged 25 and above whose weight/height/build/sex combination could be classified, using Metropolitan Life Insurance Company tables.

Q.11, 12, 13

Table 4-2

PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Weight Within Recommended Range*				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1047	22	1008	24	+2
Region					
East	268	20	260	23	+3
Midwest	275	22	253	20	-2
South	311	24	306	25	+1
West	193	23	189	28	+5
Urbanism					
Central city	305	21	293	24	+3
Rest of metropolitan area	476	24	471	25	+1
Outside metropolitan area	266	20	244	23	+3
Sex					
Men	498	18	467	24	+6
Women	549	26	541	24	-2
Race					
White	920	23	843	25	+2
Black	86	11	69	20	+9
Hispanic	48	30	59	20	-10
Age					
18-29 years	161	21	140	29	+8
30-39 years	283	25	284	27	+2
40-49 years	175	22	164	21	-1
50-64 years	238	21	223	20	-1
65 and over	190	20	197	23	+3
Education					
Not high school graduate	206	15	164	15	0
High school graduate	365	24	345	26	+2
Some college	212	22	223	21	-1
Four-year college graduate	263	25	274	30	+5

(Continued)

Q.11, 12, 13

Table 4-2 (Continued)

PERCENTAGE OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Weight Within Recommended Range*				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1047	22	1008	24	+2
Household Income					
$7,500 or less	115	19	91	19	0
$7,501-$15,000	191	23	122	18	-5
$15,001-$25,000	220	21	228	28	+7
$25,001-$35,000	206	24	182	24	0
$35,001-$50,000	142	23	170	23	0
$50,001 and over	88	26	135	32	+6
Usual Occupation of Head of Household					
Blue-collar labor, service	429	18	391	23	+5
Clerical, sales	137	25	156	23	-2
Professional, manager, or proprietor	409	25	372	29	+4
Self-Described Health Status					
Excellent	247	27	262	29	+2
Very good or good	613	23	587	24	+1
Fair or poor	182	13	157	15	+2

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*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1008).

*Percentages may vary slightly due to the inclusion of a small number of cases for which appropriate weight could not be computed.

Q.11, 12, 13

Table 4-3

PERCENTAGE OF ADULTS WHO ARE OVERWEIGHT*, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Overweight				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1047	56	1008	59	+3
Region					
East	268	58	260	58	0
Midwest	275	58	253	66	+8
South	311	57	306	59	+2
West	193	51	189	53	-2
Urbanism					
Central city	305	57	293	60	-3
Rest of metropolitan area	476	53	471	58	+5
Outside metropolitan area	266	61	244	61	0
Sex					
Men	498	66	467	66	0
Women	549	47	541	53	+6
Race					
White	920	55	843	57	+2
Black	86	71	69	69	-2
Hispanic	48	49	59	70	+21
Age					
18-29 years	161	43	140	51	+8
30-39 years	283	48	284	53	+5
40-49 years	175	59	164	63	+4
50-64 years	238	66	223	71	+5
65 and over	190	63	197	57	-6
Education					
Not high school graduate	206	67	164	72	+5
High school graduate	365	58	345	61	+3
Some college	212	55	223	58	+3
Four-year college graduate	263	47	274	51	+4

(Continued)

Q.11, 12, 13

Table 4-3 (Continued)

PERCENTAGE OF ADULTS WHO ARE OVERWEIGHT*, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Overweight				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1047	56	1008	59	+3
Household Income					
$7,500 or less	115	64	91	61	-3
$7,501-$15,000	191	61	122	66	+5
$15,001-$25,000	220	52	228	53	+1
$25,001-$35,000	206	53	182	65	+12
$35,001-$50,000	142	55	170	59	+4
$50,001 and over	88	55	135	51	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	429	64	391	66	+2
Clerical, sales	137	45	156	57	+12
Professional, manager, or proprietor	409	52	372	51	-1
Self-Described Health Status					
Excellent	247	49	262	52	+3
Very good or good	613	55	587	60	+5
Fair or poor	182	70	157	70	0

---

*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1008).

*Percentages may vary slightly due to the inclusion of a small number of cases for which appropriate weight could not be computed.

Q.35

Table 4-4

PERCENTAGE OF ADULTS WHO FEEL OVERWEIGHT, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Right now, do you feel you are overweight, or underweight, or at about the right weight for you?

	Adults Who Feel Overweight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	1250	43	1250	43	0
Region					
East	312	47	313	41	-6
Midwest	313	43	311	44	+1
South	386	42	386	46	+4
West	239	41	240	41	0
Urbanism					
Central city	379	43	379	43	0
Rest of metropolitan area	571	43	572	45	+2
Outside metropolitan area	300	45	299	42	-3
Sex					
Men	602	37	598	37	0
Women	648	49	652	49	0
Race					
White	1030	44	1011	45	+1
Black	111	42	95	36	-6
Hispanic	77	40	92	41	+1
Age					
18-29 years	309	31	318	34	+3
30-39 years	326	45	299	46	+1
40-49 years	179	52	175	53	+1
50-64 years	245	53	238	52	-1
65 and over	191	45	211	39	-6
Education					
Not high school graduate	188	42	201	41	-1
High school graduate	445	43	442	47	+4
Some college	315	45	294	43	-2
Four-year college graduate	302	42	309	41	-1

(Continued)

Q.35

Table 4-4 (Continued)

PERCENTAGE OF ADULTS WHO FEEL OVERWEIGHT, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Feel Overweight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	1250	43	1250	43	0
Household Income					
$7,500 or less	123	43	123	33	-10
$7,501-$15,000	169	42	147	47	+5
$15,001-$25,000	264	45	275	42	-3
$25,001-$35,000	234	53	222	46	-7
$35,001-$50,000	201	42	206	44	+2
$50,001 and over	137	41	157	44	+3
Usual Occupation of Head of Household					
Blue-collar labor, service	516	46	498	42	-4
Clerical, sales	167	43	186	46	+3
Professional, manager, or proprietor	439	43	442	43	0
Self-Described Health Status					
Excellent	347	37	328	34	-3
Very good or good	725	46	734	46	0
Fair or poor	176	43	185	51	+8

Q.36

Table 4-5

PERCENTAGE OF ADULTS WHO TRIED TO LOSE WEIGHT, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: During the past month, have you tried to lose any weight, or not?

	Adults Who Have Tried to Lose Weight 1986		Adults Who Have Tried to Lose Weight 1987		Percentage Point Change From 1986 to 1987
	Base	%	Base	%	
Total Adults	1250	41	1250	38	-3
Region					
East	312	45	313	38	-7
Midwest	313	40	311	34	-6
South	386	39	386	42	+3
West	239	37	240	37	0
Urbanism					
Central city	379	42	379	41	-1
Rest of metropolitan area	571	40	572	36	-4
Outside metropolitan area	300	40	299	37	-3
Sex					
Men	602	30	598	31	+1
Women	648	50	652	44	-6
Race					
White	1030	40	1011	38	-2
Black	111	39	95	35	-4
Hispanic	77	44	92	44	0
Age					
18-29 years	309	42	318	35	-7
30-39 years	326	42	299	41	-1
40-49 years	179	42	175	37	-5
50-64 years	245	40	238	43	+3
65 and over	191	36	211	32	-4
Education					
Not high school graduate	188	40	201	34	-6
High school graduate	445	40	442	41	+1
Some college	315	40	294	37	-3
Four-year college graduate	302	42	309	37	-5

(Continued)

Q.36

Table 4-5 (Continued)

PERCENTAGE OF ADULTS WHO TRIED TO LOSE WEIGHT, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Tried to Lose Weight				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	1250	41	1250	38	-3
Household Income					
$7,500 or less	123	39	123	27	-12
$7,501-$15,000	169	42	147	43	+1
$15,001-$25,000	264	38	275	35	-3
$25,001-$35,000	234	47	222	41	-6
$35,001-$50,000	201	42	206	38	-4
$50,001 and over	137	42	157	38	-4
Usual Occupation of Head of Household					
Blue-collar labor, service	516	40	498	35	-5
Clerical, sales	167	40	186	42	+2
Professional, manager, or proprietor	439	42	442	38	-4
Self-Described Health Status					
Excellent	347	39	328	34	-5
Very good or good	725	41	734	39	-2
Fair or poor	176	40	185	40	0

CHAPTER 5: ACCIDENT AVOIDANCE

Introduction

Serious accidents, both in the home and on our nation's highways, cost billions of dollars in healthcare costs, to say nothing of the grief and personal tragedy inflicted on millions of Americans. Some accidents, are of course, unavoidable. Others, however can be avoided. And still others can be made less serious if we learn to take the proper precautions. How are Americans doing with respect to taking those precautions? To find out, we asked respondents to the survey whether or not they take any special steps or precautions to avoid accidents in and around the home, and specifically, whether they have a smoke detector in their home. We also asked about safety precautions they take on our nation's highways, specifically, the extent to which they drive at or below the speed limit, whether or not they wear seat belts when they drive, and whether or not they drive after drinking.

Safety in the Home

The data in Table 5-1 show that, as a nation, we are becoming more safety conscious in the home. In 1987 81% of those questioned indicated that they did take steps in their home to avoid accidents. This compares to the 72% of those questioned in the 1983 survey, an increase of 9%.

Regionally, those in the East and mid-West are taking more safety precautions in the home than in the South and the West, primarily as a result of larger increases in the East and mid-West between 1983 and 1987.

Although women are slightly more likely than men to be safety conscious in the home (85% compared to 77%) and this gap may be widening, most other demographic subgroups show little difference in the proportion of those taking safety precautions in and around the home. Even younger people, who, in 1983, held the lowest rank in this regard, moved up by 15% and are currently as safety conscious around the home as older people (Table 5-2).

The Use of Smoke Detectors

In 1987 nearly 82% of Americans used smoke detectors in their homes. This figure represents a 15% increase over the 1983 survey figure which stood at 67%.

Increases were registered in all regions of the country, but especially high increases occurred in the South and mid-West. The Southern region, while still the lowest on this scale, registered a 21-point increase between 1983 and 1987.

Major ethnic groups in the country also show strong differences in the rate of increase of the use of smoke detectors between 1983 to 1987. During that time Blacks increased the number of smoke detectors in the home by 22% from 48% to 70%. Hispanics have also dramatically increased their use of smoke detectors by 20% since 1983 to 79%. Eighty-four percent of the White respondents said they had smoke detectors in the home in 1987, an increase of 14% since 1983.

Age forms a curvilinear relationship with the use of smoke detectors, first rising among respondents between 18 and 49 years of age and then falling off after 50 years of age. This pattern was primarily due to a strong increase in the use of smoke detectors among those 40 to 49 years of age, a group which increased their use of smoke detectors by 22% between 1983 and 1987.

The strongest increase in the use of smoke detectors during the study period occurred among those with the very highest and very lowest family incomes.

Although those in the lower socioeconomic strata still have fewer smoke detectors in their home compared to the highest socioeconomic group, this gap may be narrowing.

The greatest increases registered from 1983 and 1987 were among those who needed the increases most, that is, those who had fewer smoke detectors in the home in 1983 -- primarily low income people and ethnic minorities (Table 5-4).

Safety on Nation's Highways

Year after year, the National Safety Transportation Board publishes figures showing the number of lives that could be saved if people would simply drive within the speed limit and wear seat belts. Not only would lives be saved, but billions of dollars in health care costs would be avoided if these simple safety precautions were taken. The data in Table 5-5 show how we as a nation are doing in this regard.

Since 1983, the nation is doing much better in the use of seat belts. Primarily as a result of legislation at the state level, there was a 38% increase in the number of people who say they wear safety belts between 1983 and 1987. In 1983, this figure stood at only 19% -- less than one out of five Americans. In 1987, this figure had risen to 57%. While commendable, it should be noted that despite this increase less than six out of ten Americans buckle up for safety, so there is still much room for improvement.

Regional and Other Demographic Differences

Even though the mid-West registered an average 38% increase during the study period, only 53% of those in this area of the country now wear seatbelts compared to 65% of those in the Western part of the nation. Those outside major metropolitan areas also showed much room for improvement. Only 46% of those in rural areas said they wear seat belts all the time in 1987, and while this represented a 33% increase over 1983, rural areas still have the lowest rate of seatbelt use in the country.

Currently, women are more likely to wear seat belts all the time than men, primarily because the rate of increase that occurred among women was greater than that among men between 1983 and 1987. During this period, use of seatbelts among women increased at a rate 11% higher than among men.

Little difference now exists among the various age groups with respect to wearing seatbelts primarily because of the strong increase in the use of seatbelts among young people, 18 to 29 years of age.

Wealthier, more educated people also tend to use seatbelts more often. Among those without a high school diploma, for example, only 43% said they use seatbelts all the time compared to 74% among those with college degrees. This same pattern holds among the various income classifications: those with less household income tend to buckle up less often than those with greater financial resources.

It's also interesting to note that the individual's self-described health status is related to whether or not he or she buckle up. Although the reason for this may not be altogether clear at first glance, it may be that buckling up, a relatively simple, straightforward safety precaution, is an indication of a person's general concern, and awareness of the importance his or her behavior makes in health status. Sixty-seven percent of those who say they are in excellent health buckle up, compared to only 46% of those say they are in poor or only fair health (Tables 5-6 and 5-7).

Speed on the Nation's Highways

The number of people who say they exceed the speed limit on the nation's highways is on the increase. In 1983 only 44% of adult Americans said they exceeded the speed limit at least sometimes, compared to 50% in 1987.

Regionally, the increase in speeding was centered in the West, which experienced a 12% increase in the number of speeders between 1983 and 1987 (See Table 5-8). The mid-West experienced no increase during this period and remains the area of the country with the slowest drivers. Sixty percent of those in the mid-West say that they never exceed the speed limit.

Men tend to exceed the speed limit more often than women a difference that has been maintained since we first measured it in 1983.

Young people are about twice as likely as older people to exceed the speed limit. In 1987 only 33% of those 18 to 29 years of age said that they never exceeded the speed limit, compared to 64% of those between 50 and 64 years of age and 62% of those 65 and older.

Those in the lower socioeconomic strata, those without a high school education and those whose household income was under $15,000 a year report that they stay within the speed limit more often than those with more education and higher family income (Table 5-8).

Driving After Drinking

Alcohol use has been connected to approximately 50% of the accidents on our nation's highways. Given this figure, we are happy to report that the mix of drinking and driving is on the decline. In 1983, 30% of those questioned said they drove after drinking at least sometimes. By 1987, this figure had declined to 25%. While this 5% decrease is encouraging, it should be noted that even now, more than one out of five Americans say that they sometimes drive after drinking (Table 5-9).

Regional and Demographic Differences

Regionally, the decline in the number of adults who say that they drive after drinking has occurred on a relatively equal basis. The decline in the South was greatest (7%) and this area of the country, perhaps because of greater enforcement of DWI laws, has the fewest number of people who drive after drinking (19%).

The rate of driving after drinking has declined for both men and women, although men are still much more likely than women to drive after they drink (34% vs. 16%). Ethnically, Blacks are least likely to report that they drive after drinking, primarily as a result of the 12% decline in the rate of driving after drinking among Blacks, between 1983 and 1987.

Younger people, those under forty, are still slightly more likely than older people to report that they drive after drinking. The difference between older and younger people, however, has narrowed somewhat over the last five years, as a result of the strong decrease in driving after drinking among those under 30 years of age. In 1983 41% percent of those between 19 and 29 years of age reported that they drove after drinking, compared to only 30% in 1987.

While the decline in the rate of driving after drinking has been relatively equal among the various educational and family income groups, those with more education and greater household incomes still tend to report more driving after drinking than those with less education and fewer financial resources. In 1987 only 15% of those without a high school diploma indicated that they drove after drinking, compared to 30% of those with a four-year college degree. This same pattern holds true for the various levels of household income. Thirty-nine percent, almost four out of ten of those making more than $50,000 a year said that they drove after drinking at least sometimes, compared to only 16% of those whose household incomes was $7,500 a year or less.

Q.32, 31, 18

Table 5-1

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey	
Base	1254		1253		1256		1250		1250	
	%		%		%		%		%	
Precautions at Home										
Yes, take steps	72		81		80		80		81	
No, don't take steps	26		18		19		19		18	
Not sure	1		1		*		1		1	
Smoke Detector										
Have a smoke detector	67		74		76		77		82	
Do not have	32		26		24		23		18	
Not sure	*		*		*		1		*	
Smoking in Bed										
Yes, someone smokes in bed	11		11		9		8		8	
No, no one ever smokes in bed	85	88	74	89	89	91	86	91	88	92
No one in household smokes (vol.)	3		15		2		5		4	
Not sure	*		1		*		*		*	

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*Less than 0.5%.

Q.32

Table 5-2

PERCENTAGE OF ADULTS WHO TAKE SAFETY PRECAUTIONS AT HOME, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid accidents in and around your home?

	Percentage of Adults Who Take Safety Precautions at Home				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	72	1250	81	+9
Region					
East	321	72	313	83	+11
Midwest	324	70	311	83	+13
South	376	74	386	81	+7
West	233	71	240	76	+5
Urbanism					
Central city	385	72	379	80	+8
Rest of metropolitan area	562	72	572	82	+10
Outside metropolitan area	307	71	299	81	+10
Sex					
Men	608	70	598	77	+7
Women	646	74	652	85	+11
Race					
White	1049	70	1011	79	+9
Black	118	83	95	90	+7
Hispanic	87	81	92	89	+8
Age					
18-29 years	340	68	318	83	+15
30-39 years	285	72	299	80	+8
40-49 years	216	74	175	76	+2
50-64 years	215	70	238	82	+12
65 and over	194	80	211	83	+3
Education					
Not high school graduate	215	76	201	84	+8
High school graduate	433	74	442	86	+12
Some college	312	72	294	80	+8
Four-year college graduate	291	65	309	73	+8

(Continued)

Q.32

Table 5-2 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SAFETY PRECAUTIONS AT HOME, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percentage of Adults Who Take Safety Precautions at Home				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	72	1250	81	+9
Household Income					
$7,500 or less	137	75	123	84	+9
$7,501-$15,000	230	74	147	86	+12
$15,001-$25,000	287	75	275	84	+9
$25,001-$35,000	226	69	222	82	+13
$35,001-$50,000	128	65	206	75	+10
$50,001 and over	108	63	157	74	+11
Usual Occupation of Head of Household					
Blue-collar labor, service	552	73	498	82	+9
Clerical, sales	148	69	186	80	+11
Professional, manager, or proprietor	424	71	442	79	+8

Table 5-3

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1987

	Have Smoke Detector in Home				
	1983 Survey		1987 Survey		
	Percent Having Detector	Size of Gap	Percent Having Detector	Size of Gap	Percentage Point Change From 1983 to 1987
Total Adults	67%		82%		+15
Region					
East	79	24	85	9	+6
Midwest	68		85		+17
South	55		76		+21
West	69		81		+12
Urbanism					
Central city	67	3	80	4	+13
Rest of metropolitan area	68		84		+16
Outside metropolitan area	65		80		+15
Race					
White	70	22	84	14	+14
Black	48		70		+22
Hispanic	59		79		+20
Sex					
Men	68	2	82	0	+14
Women	66		82		+16
Age					
18-29 years	70	12	81	14	+11
30-39 years	72		87		+15
40-49 years	67		89		+22
50-64 years	64		77		+7
65 and over	60		75		+15
Education					
Not high school graduate	52	23	73	16	+21
High school graduate	67		81		+14
Some college	75		82		+7
Four-year college graduate	71		89		+18

(Continued)

Table 5-3 (Continued)

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1987

	Have Smoke Detector in Home				
	1983 Survey		1987 Survey		Percentage
	Percent Having Detector	Size of Gap	Percent Having Detector	Size of Gap	Point Change From 1983 to 1987
Total Adults	67%		82%		+15
Household Income					
$7,500 or less	52	28	75	26	+23
$7,501-$15,000	58		74		+16
$15,001-$25,000	71		80		+9
$25,001-$35,000	77		85		+8
$35,001-$50,000	80		89		+9
$50,001 and over	76		90		+14
Usual Occupation of Head of Household					
Blue-collar labor, service	62	12	78	11	+16
Clerical, sales	66		84		+18
Professional, manager, or proprietor	74		89		+15

Q.18

Table 5-4

PERCENTAGE OF ADULTS WHO SMOKE IN BED, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Does anyone in your household ever smoke in bed, or not?

	Percentage of Adults Who Smoke in Bed				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	11	1250	8	-3
Region					
East	321	11	313	6	-5
Midwest	324	12	311	9	-3
South	376	11	386	8	-3
West	233	10	240	9	-1
Urbanism					
Central city	385	11	379	8	-3
Rest of metropolitan area	562	12	572	8	-4
Outside metropolitan area	307	10	299	6	-4
Sex					
Men	608	13	598	8	-5
Women	646	9	652	8	-1
Race					
White	1049	10	1011	7	-3
Black	118	22	95	12	-10
Hispanic	87	11	92	10	-1
Age					
18-29 years	340	17	318	11	-6
30-39 years	285	10	299	10	0
40-49 years	216	12	175	4	-8
50-64 years	215	7	238	7	0
65 and over	194	6	211	4	-2
Education					
Not high school graduate	215	14	201	10	-4
High school graduate	433	14	442	8	-6
Some college	312	6	294	8	+2
Four-year college graduate	291	10	309	6	-4

(Continued)

Q.18

Table 5-4 (Continued)

PERCENTAGE OF ADULTS WHO SMOKE IN BED, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Percentage of Adults Who Smoke in Bed				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	11	1250	8	-3
Household Income					
$7,500 or less	137	12	123	6	-6
$7,501-$15,000	230	12	147	5	-7
$15,001-$25,000	287	10	275	8	-2
$25,001-$35,000	226	11	222	10	-1
$35,001-$50,000	128	14	206	8	-6
$50,001 and over	108	14	157	9	-5
Usual Occupation of Head of Household					
Blue-collar labor, service	552	12	498	9	-3
Clerical, sales	148	15	186	10	-5
Professional, manager, or proprietor	424	8	442	6	-2

Q.25, 27, 28

Table 5-5

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey
Base	1254	1253	1256	1250	1250
	%	%	%	%	%
Wearing Seatbelts					
All the time	19	27	41	55	57
Sometimes	26	33	31	29	27
Never	53	39	28	15	15
Not applicable (vol.)	1	1	*	1	*
Not sure	*	*	*	-	*

- -

Base: Drivers only

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey	
Base	1097		1108		1102		1109		1121	
	%		%		%		%		%	
Driving at or Below Speed Limit										
All the time	56		52		50		51		50	
Sometimes	38		43		45		43		45	
Never	5		5		5		5		4	
Not sure	*		*		*		*		1	
Driving After Drinking										
All the time	5	30	4	31	3	28	3	26	2	23
Sometimes	25		27		25		23		21	
Never	52		53		59		56		44	
Don't drink (vol.)	16		15		12		18		22	
Not sure	2		*		1		*		*	

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*Less than 0.5%.

Q.25

Table 5-6

PERCENTAGE OF ADULTS WHO WEAR SEATBELTS IN THE FRONT SEAT OF A CAR, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seatbelt when you are in the front seat of a car -- all the time, sometimes, or never?

	Adults Who Wear Seatbelts All the Time in the Front Seat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	19	1250	57	+38
Region					
East	321	20	313	56	+36
Midwest	324	15	311	53	+38
South	376	18	386	57	+39
West	233	27	240	65	+38
Urbanism					
Central city	385	22	379	61	+39
Rest of metropolitan area	562	21	572	61	+40
Outside metropolitan area	307	13	299	46	+33
Sex					
Men	608	21	598	53	+32
Women	646	18	652	61	+43
Race					
White	1049	20	1011	58	+38
Black	118	12	95	46	+34
Hispanic	87	17	92	67	+50
Age					
18-29 years	340	17	318	58	+41
30-39 years	285	25	299	57	+32
40-49 years	216	19	175	62	+43
50-64 years	215	17	238	52	+35
65 and over	194	19	211	57	+38
Education					
Not high school graduate	215	8	201	43	+35
High school graduate	433	14	442	50	+36
Some college	312	21	294	60	+39
Four-year college graduate	291	35	309	74	+39

(Continued)

Q.25

Table 5-6 (Continued)

PERCENTAGE OF ADULTS WHO WEAR SEATBELTS IN THE FRONT SEAT OF A CAR, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Wear Seatbelts All the Time in the Front Seat				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	19	1250	57	+38
Household Income					
$7,500 or less	137	13	123	54	+41
$7,501-$15,000	230	12	147	50	+38
$15,001-$25,000	287	20	275	51	+31
$25,001-$35,000	226	22	222	58	+36
$35,001-$50,000	128	28	206	61	+33
$50,001 and over	108	27	157	73	+46
Usual Occupation of Head of Household					
Blue-collar labor, service	552	15	498	48	+33
Clerical, sales	148	19	186	56	+37
Professional, manager, or proprietor	424	27	442	69	+42
Self-Described Health Status					
Excellent	343	26	328	67	+41
Very good or good	718	17	734	56	+39
Fair or poor	189	18	185	46	+28

Table 5-7

SEATBELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA

STATUS OF SEATBELT LAW IN STATE OF RESIDENCE			
Seatbelt Law by Nov. 1985	Seatbelt Law by Nov. 1986	Seatbelt Law by Nov. 1987	Still No Seatbelt Law in Effect by Nov. 1987
New Jersey	Connecticut	Colorado	Maine
New York	Massachusetts	Indiana	New Hampshire
North Carolina	Maryland	Nevada	Rhode Island
Texas	Washington, D.C.	Montana	Vermont
Illinois	Florida	Oklahoma	Pennsylvania
Michigan	Tennessee	Oregon	West Virginia
Missouri	Louisiana	Virginia	Delaware
Nebraska	Ohio		Alabama
	Iowa		Georgia
	Kansas		Kentucky
	Minnesota		Mississippi
	Idaho		South Carolina
	New Mexico		Arkansas
	Utah		Wisconsin
	California		North Dakota
	Washington state		South Dakota
			Wyoming

LAW SOURCE: National Safety Council, 444 North Michigan Ave., Chicago, Illinois 60611.

Alaska and Hawaii not included in the Prevention Index survey.

Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election. In the survey analysis both states are categorized as having a seat belt law since their laws were in effect for most of the year and would have affected the behavior being reported in the Nov., 1986 survey.

Q.27

Table 5-8

PERCENTAGE OF ADULTS WHO NEVER EXCEED THE SPEED LIMIT*, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

	Drivers Who Never Exceed the Speed Limit				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1097	56	1121	50	-6
Region					
East	262	56	263	49	-7
Midwest	298	60	284	60	0
South	325	54	352	48	-6
West	212	53	222	41	-12
Urbanism					
Central city	322	54	322	46	-8
Rest of metropolitan area	499	55	524	50	-5
Outside metropolitan area	276	59	275	55	-4
Sex					
Men	570	52	574	45	-7
Women	527	60	547	55	-5
Race					
White	937	56	930	49	-7
Black	87	60	71	54	-6
Hispanic	73	52	81	54	+2
Age					
18-29 years	298	44	287	33	-11
30-39 years	267	53	288	51	-2
40-49 years	205	52	165	52	0
50-64 years	186	68	212	64	-4
65 and over	137	75	162	62	-13
Education					
Not high school graduate	150	63	146	56	-7
High school graduate	386	56	404	56	0
Some college	286	55	267	51	-4
Four-year college graduate	273	52	301	38	-14

(Continued)

Q.27

Table 5-8 (Continued)

PERCENTAGE OF ADULTS WHO NEVER EXCEED THE SPEED LIMIT*, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

	Drivers Who Never Exceed the Speed Limit				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1097	56	1121	50	-6
Household Income					
$7,500 or less	92	62	86	59	-3
$7,501-$15,000	201	63	124	54	-9
$15,001-$25,000	262	55	256	55	0
$25,001-$35,000	208	50	212	46	-4
$35,001-$50,000	123	54	198	47	-7
$50,001 and over	106	48	150	38	-10
Usual Occupation of Head of Household					
Blue-collar labor, service	471	58	440	56	-2
Clerical, sales	134	54	166	54	0
Professional, manager, or proprietor	384	51	414	43	-8

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*Drivers who drive at or below the speed limit all the time.

Q.28

Table 5-9

PERCENTAGE OF ADULTS WHO DRINK AND DRIVE AFTER DRINKING, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	Percent of Drivers Who Drink and Drive				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1097	30	1121	25	-5
Region					
East	262	30	263	27	-3
Midwest	298	34	284	29	-5
South	325	26	352	19	-7
West	212	29	222	26	-3
Urbanism					
Central city	322	32	322	28	-4
Rest of metropolitan area	499	31	524	25	-6
Outside metropolitan area	276	25	275	22	-3
Sex					
Men	570	39	574	34	-5
Women	527	22	547	16	-6
Race					
White	937	30	930	26	-4
Black	87	28	71	16	-12
Hispanic	73	33	81	33	0
Age					
18-29 years	298	41	287	30	-9
30-39 years	267	33	288	31	-2
40-49 years	205	32	165	31	-1
50-64 years	186	22	212	21	-1
65 and over	137	15	162	9	-6
Education					
Not high school graduate	150	19	146	15	-4
High school graduate	386	25	404	22	-3
Some college	286	35	267	30	-5
Four-year college graduate	273	38	301	30	-8

(Continued)

Q.28

Table 5-9 (Continued)

PERCENTAGE OF ADULTS WHO DRINK AND DRIVE AFTER DRINKING, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Drivers

	Percent of Drivers Who Drink and Drive				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1097	30	1121	25	-5
Household Income					
$7,500 or less	92	20	86	16	-4
$7,501-$15,000	201	27	124	20	-7
$15,001-$25,000	262	33	256	20	-13
$25,001-$35,000	208	32	212	33	-1
$35,001-$50,000	123	38	198	26	-12
$50,001 and over	106	39	150	39	0
Usual Occupation of Head of Household					
Blue-collar labor, service	471	24	440	24	0
Clerical, sales	134	42	166	29	-13
Professional, manager, or proprietor	384	37	414	25	-12

CHAPTER 6: REGULAR MEDICAL EXAMS

Introduction

In addition to avoiding accidents, getting good nutrition and enough exercise, regular medical exams are also an important part of a program designed to enhance personal health. Regular medical examinations can stop disease in its early stages and thus prevent problems from becoming more serious. In this chapter, we focus on three such exams that pertain to the population as a whole: blood pressure screening, cholesterol tests, and regular dental exams. In addition, we will also take a look at two important exams that pertain to women only, pap smears and regular breast examinations.

Blood Pressure Monitoring

As shown by the data in Table 6-1 Americans are doing quite well with respect to monitoring their blood pressure. In 1987, fully 84% of those questioned indicated that they had a blood pressure screening exam at least once a year.

While this figure for the population as a whole has remained relatively stable between 1983 and 1987, there are some important subgroup differences worth noting. Isolating the various regions around the country, we find a 10% difference between the South and the West. Seventy-nine percent of those in the Western part of the country said they got regular blood pressure readings, compared to 89% of those in those in the South. This difference is primarily due to a 6% rise among those in the South compared to a 3% decline among people living in the West.

Women have generally been more concerned about their blood pressure than men, and this difference seems to be increasing. In 1983, 80% of the men indicated that they received annual blood pressure readings and 84% of the women did so. In 1987, however, only 78% of the men got regular blood pressure readings compared to 89% of the women, a 5% increase.

During this same time period, the proportion of Whites getting regular blood pressure readings increased slightly from 81% to 85% while decreasing for both Blacks and Hispanics. The Black rate decreased by 5%, from 91% in 1983 to 86% in 1987. The Hispanic rate decreased by 9% from 84% to 75% in 1987.

While there is some indication that older people tend to be more concerned about their blood pressure and hence have it checked more regularly than younger people, these differences are relatively slight. Even among the youngest age group, those 18 to 29 years of age, 82% indicated that they got regular blood pressure readings.

Socioeconomic status, as indicated by educational level and household income, play a very minor role in who gets blood pressure readings on an annual basis. While there is a very slight tendency for those who are more educated to get blood pressure readings, this difference is offset by the fact that those with lower incomes tend to get the readings slightly more often than those with higher incomes (Table 6-2).

Cholesterol Testing

In 1987, 45% of those questioned indicated that they received a cholesterol test at least once a year. This figure has changed very little since the question was first asked in 1984, when 43% of those questioned indicated that they received cholesterol testing at least once year.

Regionally, very little difference exists with respect to the rate of cholesterol testing. There is, however, an interesting difference with respect to the variation between central cities and urban areas. In 1987, 50% of those in urban areas indicated that they received cholesterol testing on an annual basis, compared to only 40% in rural areas. This difference was primarily the result of a 7% increase among those in urban areas between 1983 and 1987 compared to a 5% decline in rural areas.

While men and women, and the various ethnic groups tend to get cholesterol testing on a fairly equal basis, there is a major difference among the various age categories. Younger people report that they get cholesterol testing much less often than older people. In 1987, only 36% of those under 40 indicated that they received cholesterol testing on an annual basis, compared to 63% of those 65 years of age and older. There is also some indication that this difference may be widening, as those over 65 years of age experienced a nine percent increase in the rate of cholesterol testing between 1984 and 1987, compared to only about a two or three percent increase among those under 40. Those between 40 and 64 years of age actually experienced a decline in the rate of cholesterol testing.

Although there is very little difference among the socioeconomic strata in America with respect to cholesterol testing, it should be noted that there is a slight tendency for those in the higher echelons to be tested at slightly lower rates than those in the lower echelons. This is primarily due to an 11% decline in the rate of cholesterol testing among those whose household income was $50,000 a year or more, compared to an average 7% increase among those making $15,000 a year or less (Table 6-3).

Regular Dental Exams

In 1987, fully three out of four Americans indicated that they saw a dentist at least once a year. This figure represents a 4% increase over the 1983 figure which stood at 71%.

Regionally, the Eastern and Western parts of the country experienced the greatest gains between 1983 and 1987. In the East, the rate of annual dental checkups increased by 10% from 71% to 81%. In the West, the proportion receiving regular dental exams increased by 7%, compared to a 3% increase among those in the mid-West and a 2% decline among those in the South.

Those in urban areas tend to receive dental checkups more often than those in suburban areas or rural areas. In 1987, 80% of those in urban areas indicated that they received regular dental checkups, compared to only 68% of those in rural areas. The gap between urban and rural areas in this regard may be increasing as urban areas experienced a seven percent increase in the rate of dental checkups, compared to a 5% increase in rural areas during the last five years.

While about equal numbers of men and women received dental checkups on an annual basis there is an important difference with respect to ethnicity that should be noted. In 1987, only 64% of the Blacks questioned indicated that they received regular dental checkups, compared to 77% of the Whites and 80% of the Hispanics. While the rate of increase between 1983 and 1987 for Blacks was slightly above average, they still remain, as a group, underserved in this area.

As one might suspect, money does have something to do with it. As annual household income increases, so too does the rate of regular dental exams. In 1987, 61% of those with incomes of $7,500 a year or less received annual dental checkups, compared to 91% whose annual household income was $50,000 a year or more. It should also be noted that the rate of increase in dental exams between 1983 and 1987 was highest among the very lowest income category and the very highest, they experienced a 11% and a 9% increase respectively.

Education levels show a somewhat different pattern. Those with a very low level of education (i.e., those who did not graduate high school) experienced a 9% decline in the rate of annual dental checkups between 1983 and 1987, and remain the most underserved group. Only 41% indicated that they received an annual dental checkup, compared to 91% of those with four year college degrees. Because those with the highest level of education experience a 10% increase between 1983 and 1987, the gap between those with the highest and lowest educational levels increased.

Age also plays a role in determining who receives annual dental checkups, with younger people far more likely than older people to do so. In 1987, 82% of those under 40 years of age received annual dental checkups compared with 55% of those 65 years of age and older (Table 6-4).

Female Medical Exams

Pap Smear

When we asked women around the country if they had received a pap smear test for cancer in the last two year, 75% indicated that they had done so. While this figure was identical to the 1983 proportion, it is worth noting that it represented a 5% decline during the last year (1986-1987) (Table 6-5).

Regionally, there are some rather dramatic differences with respect to the proportion of women who get regular pap smears. In 1987, only 68% of those in the mid-West indicated that they did so, compared to 84% of those in the West, a figure which represents a 4% increase.

Urban and rural women are also different in this regard: 79% of those questioned in urban areas indicated that they got regular pap smears compared to only 72% of those in rural areas.

There are also some important ethnic differences worth noting. In 1987, only 65% of the Hispanic women questioned indicated that they received regular pap smears, a 19% decline over the 1983 data. Black women, on the other hand, experienced a 12% increase in the rate of regular pap smear testing during the same time period and now receive proportionately more pap smear testing than any other ethnic groups. Fully 84% of the Black women questioned in 1987 indicated that they received a regular pap smear. This compares to 76% of the White women questioned.

Age is also a determining factor in pap smear testing. Older women are far less likely than younger women to report receiving a regular pap smear test. In 1987, only 55% percent of those 65 years of age and older indicated that they did so, compared to 84% of those under 30 years of age.

Those women with the least education are tested at a lower rate than those with more education. Only 57% of the women questioned who did not have a high school diploma said that they received a regular pap smear test compared to 90% of those with a college degree.

The same pattern holds true for household income. Ninety-one percent of those whose household income was over $50,000 a year indicated that they received a regular pap test, compared to only 66% of those with incomes of $7,500 a year or less. Interestingly, about equal increases have occurred in the very highest and the very lowest income categories, with those in the middle income categories either stable or experiencing a slight decline in the rate of pap smear testing. This is especially true of the "working poor", those with family income of $15,000-$25,000 a year. Women in this group exhibited a 11% decline in the rate of pap smear testing between 1983 and 1987 (Table 6-6).

Pap smear testing, like other medical examinations, is, in many ways, a sign of health concern and good health, as indicated by the fact that those in excellent health are more likely to say they received a pap smear test than those in fair or poor health. In 1987, 81% of those who reported excellent health indicated that they received a pap smear test, compared to 64% of those in fair or poor health.

The 5% decline in the rate of pap smear testing over the last year was centered in the mid-Western portion of the country, which experienced a 14% decline in this figure since 1986. During that same time period, women in the Western part of the country increased their rate of pap smear testing by 6%. Those outside major metropolitan areas were primarily responsible for the overall decline over the last year, those in rural areas experiencing a 6% decline, while those in central cities experienced little or no change in the rate of pap smear testing.

Ethnically, the decline in pap smear testing was most dramatic among Hispanic people, who registered a 29% drop in the rate of pap smear testing between 1986 and 1987. The rate of pap smear testing among Black women declined slightly, while the rate of pap smear testing for Whites was approximately the same.

While little difference occurred in the rate of pap smear testing among women under 40 years of age, those over 40 experienced a strong decline, some 27% between 1986 and 1987.

The decline in the rate of pap smear testing over the last year was strongest among women with less education and lower family incomes. Those with a high school education or less experienced a 21% decline in the rate of pap smear testing, while those with at least some college experienced a 5% increase. A major drop also occurred among those making less than $25,000 a year (29%) as compared to those making more than $25,000 a year (10% increase).

These decreases in the rate of pap smear testing, while similar to those between 1983 and 1987, emphasize the need for education and services to be focused on older women with less education and fewer financial resources who live outside major metropolitan areas (Table 6-7).

Breast Self-Examination

Breast self-examination can identify potentially cancerous tissue before it has a chance to spread and thus can save many lives. Yet, in 1987, only 42% of the women questioned indicated that they examined their breasts on a monthly basis. While this figure represents a 5% increase over the 1983 data, it should be noted that between 1985 and 1987 there was a 6% decline in this figure.

Regionally the increase between 1983 and 1987 in monthly self-examinations of the breast occurred across the board and the regions remained relatively equal in terms of the number of women who examine their breasts monthly.

Ethnically, Hispanic women are becoming more concerned. In 1987, 47% of those questioned indicated that they examined their breasts on a monthly basis, a 15% increase over their rate of breast self-examination in 1983. Blacks, on the other hand, experienced an 8% decline during the same time period and have moved from the highest rate in 1983 (48%) to the lowest rate in 1987 (40%).

Age exhibits a curvilinear pattern with respect to monthly breast examination. Those in the lowest and highest age categories exhibit the lowest rate of breast examination, and those in the middle age categories, especially those 40-64 years of age, experienced the highest rate, approximately 50%.

Women of various educational levels examine their breasts on a relatively equal basis. Household income, on the other hand, does seem to have some impact, with those in the middle income categories indicating that they examine their breasts more regularly than those in the very lowest and very highest category. These figures are primarily due to the fact that between 1983 and 1987 more women making $15,000-$35,000 a year started examining their breasts on a frequent basis than those in the lowest and highest income groups. Those in the $25,000-$35,000 a year range experience the greatest increase in monthly breast exams, totalling 19% between 1983 and 1987 (Table 6-8).

While the 5% increase in monthly breast self-examinations between 1983 and 1987 is encouraging, the 6% decline between 1985 and 1987 is a source of concern. The data, presented in Table 6-9, indicate that this drop in monthly self-examination occurred most dramatically in the Southern part of the country, which experienced a 13% decline in this figure. Though suburban areas experienced a 4% increase in monthly breast self-examinations, central cities and rural areas experienced declines averaging 13-14%.

The decline in monthly self-examinations of the breast was most prominent among Black women, who experienced an 11% decline between 1985 and 1987 from 51% to 40%. White women, on the other hand, experienced about an average decline (6%), while Hispanic women experienced a 4% increase in this figure.

The decline over the last two years in monthly breast self-examinations among women was centered primarily among women under 30, who experienced a 10% decline in this figure. The rate among other age groups was either at or below the average decline that has occurred (6%).

Women with less than a high school education also experienced above average declines in the rate of monthly self-examination of the breast. In 1985 59% of those without a high school diploma indicated that they examined their breasts monthly, compared to only 44% in 1987. It should also be noted, however, that despite this decline, those without a high school diploma still show the highest proportion of women who say that they examine their breasts on a monthly basis.

Women whose household income is between $15,000 and $35,000 have experienced approximately a 14% increase in the rate of monthly self-examination, while those with less income, that is those making less than $15,000 a year have experienced about a 17% decline. Interestingly, those making more than $35,000 a year have also experienced a sharp decline in the rate of monthly self-examination of the breasts, some 27% since 1985.

Q.3, 4, 7

Table 6-1

TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a checkup?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey		Percentage Point Change From 1983 to 1987
Base	1254		1253		1256		1250		1250		
	%		%		%		%		%		
Blood Pressure Screen											
More often than once a year	52	82	59	85	59	87	55	84	56	84	+2
Once a year	30		26		28		29		28		
Every two years	6		5		5		5		6		
Every three or four years	2		2		3		3		3		
Every five years or less often	3		2		3		4		2		
Never	5		3		2		3		3		
Not sure	2		2		1		1		2		
Cholesterol Test											
More often than once a year	x		17	43	20	48	18	46	19	45	+2
Once a year	x		26		28		28		26		
Every two years	x		8		7		8		7		
Every three or four years	x		6		4		5		4		
Every five years or less often	x		4		6		5		5		
Never	x		32		29		30		34		
Not sure	x		7		5		6		4		
Dental Exam											
More often than once a year	44	71	45	73	46	74	49	76	50	75	+4
Once a year	27		27		28		27		25		
Every two years	8		7		7		6		6		
Every three or four years	4		4		3		3		4		
Every five years or less often	3		5		4		4		4		
Never	11		10		11		11		10		
Not sure	3		1		1		1		1		

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*Less than 0.5%.

Q.3

Table 6-2

PERCENTAGE OF ADULTS WHO HAVE ANNUAL BLOOD PRESSURE READINGS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

	Adults Who Have Annual Blood Pressure Readings				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	82	1250	84	+2
Region					
East	321	81	313	84	+3
Midwest	324	85	311	83	-2
South	376	83	386	89	+6
West	233	82	240	79	-3
Urbanism					
Central city	385	84	379	85	+1
Rest of metropolitan area	562	82	572	86	+4
Outside metropolitan area	307	85	299	81	-4
Sex					
Men	608	80	598	78	-2
Women	646	84	652	89	+5
Race					
White	1049	81	1011	85	+4
Black	118	91	95	86	-5
Hispanic	87	84	92	75	-9
Age					
18-29 years	340	81	318	82	+1
30-39 years	285	80	299	82	+2
40-49 years	216	81	175	83	+2
50-64 years	215	82	238	84	+2
65 and over	194	91	211	90	-1
Education					
Not high school graduate	215	79	201	82	+3
High school graduate	433	84	442	83	-1
Some college	312	86	294	85	-1
Four-year college graduate	291	82	309	86	+4

(Continued)

Q.3

Table 6-2 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL BLOOD PRESSURE READINGS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Blood Pressure Readings				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	82	1250	84	+2
Household Income					
$7,500 or less	137	87	123	86	-1
$7,501-$15,000	230	81	147	88	+7
$15,001-$25,000	287	76	275	81	+5
$25,001-$35,000	226	87	222	85	-2
$35,001-$50,000	128	86	206	85	-1
$50,001 and over	108	85	157	82	-3
Usual Occupation of Head of Household					
Blue-collar labor, service	552	83	498	90	+7
Clerical, sales	148	79	186	90	+11
Professional, manager, or proprietor	424	83	442	84	+1

Q.4

Table 6-3

PERCENTAGE OF ADULTS WHO HAVE ANNUAL CHOLESTEROL TESTS, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood test for your cholesterol level?

	Adults Who Have Annual Cholesterol Tests				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	43	1250	45	+2
Region					
East	321	44	313	48	+6
Midwest	326	39	311	41	+2
South	373	48	386	48	0
West	233	41	240	44	+3
Urbanism					
Central city	384	43	379	50	+7
Rest of metropolitan area	561	43	572	46	+3
Outside metropolitan area	308	45	299	40	-5
Sex					
Men	619	42	598	43	+1
Women	634	44	652	47	+3
Race					
White	1089	42	1011	45	+3
Black	110	53	95	56	+3
Hispanic	72	46	92	41	-5
Age					
18-29 years	363	33	318	36	+3
30-39 years	283	34	299	36	+2
40-49 years	175	45	175	43	-2
50-64 years	238	59	238	56	-3
65 and over	190	54	211	63	+9
Education					
Not high school graduate	233	53	201	50	-3
High school graduate	445	41	442	44	+3
Some college	287	39	294	44	+5
Four-year college graduate	286	44	309	46	+2

(Continued)

Q.4

Table 6-3 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL CHOLESTEROL TESTS, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Cholesterol Tests				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	43	1250	45	+2
Household Income					
$7,500 or less	139	47	123	51	+4
$7,501-$15,000	230	38	147	48	+10
$15,001-$25,000	268	45	275	45	0
$25,001-$35,000	237	39	222	38	-1
$35,001-$50,000	159	38	206	46	+8
$50,001 and over	112	54	157	43	-11
Usual Occupation of Head of Household					
Blue-collar labor, service	523	42	498	42	0
Clerical, sales	161	46	186	48	+2
Professional, manager, or proprietor	483	44	442	50	+6

Q.7

Table 6-4

PERCENTAGE OF ADULTS WHO HAVE ANNUAL DENTAL CHECKUPS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you go to the dentist for treatment or a checkup?

	Adults Who Have Annual Dental Checkups				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	71	1250	75	+4
Region					
East	321	71	313	81	+10
Midwest	324	69	311	72	+3
South	376	69	386	67	-2
West	233	76	240	83	+7
Urbanism					
Central city	385	73	379	80	+7
Rest of metropolitan area	562	74	572	75	+1
Outside metropolitan area	307	63	299	68	+5
Sex					
Men	608	68	598	73	+5
Women	646	73	652	77	+4
Race					
White	1049	73	1011	77	+4
Black	118	58	95	64	+6
Hispanic	87	70	92	80	+10
Age					
18-29 years	340	78	318	82	+4
30-39 years	285	75	299	84	+9
40-49 years	216	79	175	86	+7
50-64 years	215	65	238	63	-2
65 and over	194	50	211	55	+5
Education					
Not high school graduate	215	52	201	41	-9
High school graduate	433	69	442	74	+5
Some college	312	78	294	84	+6
Four-year college graduate	291	81	309	91	+10

(Continued)

Q.7

Table 6-4 (Continued)

PERCENTAGE OF ADULTS WHO HAVE ANNUAL DENTAL CHECKUPS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Have Annual Dental Checkups				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	71	1250	75	+4
Household Income					
$7,500 or less	137	50	123	61	+11
$7,501-$15,000	230	61	147	59	-2
$15,001-$25,000	287	70	275	73	+3
$25,001-$35,000	226	82	222	85	+3
$35,001-$50,000	128	86	206	86	0
$50,001 and over	108	82	157	91	+9
Usual Occupation of Head of Household					
Blue-collar labor, service	552	67	498	68	+1
Clerical, sales	148	71	186	79	+8
Professional, manager, or proprietor	424	80	442	85	+5

Q.8, 9

Table 6-5

TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey		Percentage Point Change From 1983 to 1987
Base	646		634		640		648		652		
	%		%		%		%		%		
Pap Smear											
More often than once a year	18	75	23	77	15	78	17	80	17	75	-1
Once a year	49		46		54		55		51		+2
Every two years	8		8		9		8		7		-1
Every three years	4		3		3		4		4		0
Every four or five years	3		2		3		2		3		0
Every six years or less often	2		4		3		4		3		+1
Never	13		11		12		7		10		-3
Not applicable (vol.)	1		2		1		2		2		+1
Not sure	2		1		1		*		2		0
Breast Self-Exam											
At least once a month	37		42		48		45		42		+5
Several times a year	30		27		30		30		29		-1
Once a year	9		10		8		6		9		0
Less than once a year	4		4		3		3		4		0
Never	15		13		9		12		13		-2
I never do it -- doctor does it (vol.)	2		2		1		3		2		0
Not applicable (vol.)	*		*		-		*		1		+1
Not sure	1		1		1		*		1		0

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*Less than 0.5%

Q.8

Table 6-6

PERCENTAGE OF WOMEN WHO HAVE PAP SMEARS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you have a Pap smear test for cancer?

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	646	75	652	75	0
Region					
East	162	75	174	75	0
Midwest	165	69	163	68	-1
South	208	76	215	77	+1
West	111	80	100	84	+4
Urbanism					
Central city	190	76	191	79	+3
Rest of metropolitan area	287	79	285	75	-4
Outside metropolitan area	169	67	176	72	+5
Race					
White	530	75	523	76	+1
Black	75	72	53	84	+12
Hispanic	41	84	46	65	-19
Age					
18-29 years	163	82	148	84	+2
30-39 years	139	85	139	90	+5
40-49 years	103	88	94	79	-9
50-64 years	118	63	134	64	+1
65 and over	119	60	130	55	-5
Education					
Not high school graduate	128	62	116	57	-5
High school graduate	230	79	247	70	-9
Some college	160	77	155	85	+8
Four-year college graduate	127	83	130	90	+7

(Continued)

Q.8

Table 6-6 (Continued)

PERCENTAGE OF WOMEN WHO HAVE PAP SMEARS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	646	75	652	75	0
Household Income					
$7,500 or less	93	59	87	66	+7
$7,501-$15,000	120	72	93	73	+1
$15,001-$25,000	142	82	141	71	-11
$25,001-$35,000	101	81	107	83	+2
$35,001-$50,000	58	93	87	85	-8
$50,001 and over	45	84	60	91	+7
Usual Occupation of Head of Household					
Blue-collar labor, service	285	75	249	68	-7
Clerical, sales	76	72	116	88	+16
Professional, manager, or proprietor	210	78	213	82	+4
Self-Described Health Status					
Excellent	156	80	160	81	+1
Very good or good	385	77	374	77	0
Fair or poor	102	56	115	64	+8

Q.8

Table 6-7

PERCENTAGE OF WOMEN WHO HAVE PAP SMEARS, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you have a Pap smear test for cancer?

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	648	80	652	75	-5
Region					
East	172	81	174	75	-6
Midwest	170	82	163	68	-14
South	203	78	215	77	-1
West	103	78	100	84	+6
Urbanism					
Central city	196	80	191	79	-1
Rest of metropolitan area	291	81	285	75	-6
Outside metropolitan area	161	78	176	72	-6
Race					
White	516	78	523	76	-2
Black	75	90	53	84	-6
Hispanic	38	94	46	65	-29
Age					
18-29 years	151	86	148	84	-2
30-39 years	162	86	139	90	+4
40-49 years	83	83	94	79	-4
50-64 years	139	80	134	64	-16
65 and over	113	62	130	55	-7
Education					
Not high school graduate	112	70	116	57	-13
High school graduate	236	79	247	71	-8
Some college	159	85	155	85	0
Four-year college graduate	141	85	130	90	+5

(Continued)

Q.8

Table 6-7 (Continued)

PERCENTAGE OF WOMEN WHO HAVE PAP SMEARS, 1986-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Have Pap Smears Every One or Two Years				Percentage Point Change From 1986 to 1987
	1986		1987		
	Base	%	Base	%	
Total Adults	648	80	652	75	-5
Household Income					
$7,500 or less	84	72	87	66	-6
$7,501-$15,000	95	85	93	73	-12
$15,001-$25,000	146	82	141	71	-11
$25,001-$35,000	111	83	107	83	0
$35,001-$50,000	89	87	87	85	-2
$50,001 and over	51	81	60	91	+10
Usual Occupation of Head of Household					
Blue-collar labor, service	264	77	249	68	-9
Clerical, sales	100	80	116	88	+8
Professional, manager, or proprietor	204	84	213	82	-2
Self-Described Health Status					
Excellent	166	84	160	81	-3
Very good or good	376	81	374	77	-4
Fair or poor	106	69	115	64	-5

Q.9

Table 6-8

PERCENTAGE OF WOMEN WHO EXAMINE THEIR BREASTS ONCE A MONTH, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	646	37	652	42	+5
Region					
East	162	36	174	43	+7
Midwest	165	35	163	42	+7
South	208	37	215	41	+4
West	111	44	100	41	-3
Urbanism					
Central city	190	40	191	37	-3
Rest of metropolitan area	287	37	285	47	+10
Outside metropolitan area	169	34	176	39	+5
Race					
White	530	36	523	41	+5
Black	75	48	53	40	-8
Hispanic	41	32	46	47	+15
Age					
18-29 years	163	33	148	31	-2
30-39 years	139	34	139	44	+10
40-49 years	103	46	94	52	+6
50-64 years	118	34	134	48	+14
65 and over	119	42	130	40	-2
Education					
Not high school graduate	128	37	116	44	+7
High school graduate	230	41	247	43	+2
Some college	160	37	155	43	+8
Four-year college graduate	127	32	130	38	+6

(Continued)

Q.9

Table 6-8 (Continued)

PERCENTAGE OF WOMEN WHO EXAMINE THEIR BREASTS ONCE A MONTH, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	646	37	652	42	+5
Household Income					
$7,500 or less	93	40	87	45	+5
$7,501-$15,000	120	37	93	37	0
$15,001-$25,000	142	44	141	50	+6
$25,001-$35,000	101	31	107	50	+19
$35,001-$50,000	58	32	87	33	+1
$50,001 and over	45	28	60	35	+7
Usual Occupation of Head of Household					
Blue-collar labor, service	285	39	249	40	+1
Clerical, sales	76	30	116	48	+18
Professional, manager, or proprietor	210	33	213	40	-7
Self-Described Health Status					
Excellent	156	37	160	43	+6
Very good or good	385	36	374	40	+4
Fair or poor	102	43	115	48	-5

Q.9

Table 6-9

PERCENTAGE OF WOMEN WHO EXAMINE THEIR BREASTS ONCE A MONTH, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	640	48	652	42	-6
Region					
East	161	44	174	43	-1
Midwest	172	45	163	42	-3
South	202	54	215	41	-13
West	105	45	100	41	-4
Urbanism					
Central city	188	50	191	37	-13
Rest of metropolitan area	285	43	285	47	+4
Outside metropolitan area	167	53	176	39	-14
Race					
White	533	47	523	41	-6
Black	58	51	53	40	-11
Hispanic	26	43	46	47	+4
Age					
18-29 years	159	41	148	31	-10
30-39 years	156	47	139	44	-3
40-49 years	98	56	94	52	-4
50-64 years	144	52	134	48	-4
65 and over	82	47	130	40	-7
Education					
Not high school graduate	106	59	116	44	-15
High school graduate	252	45	247	43	-2
Some college	165	46	155	43	-3
Four-year college graduate	116	41	130	38	-3

(Continued)

Q.9

Table 6-9 (Continued)

PERCENTAGE OF WOMEN WHO EXAMINE THEIR BREASTS ONCE A MONTH, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Base: Women

	Women Who Examine Their Breasts Monthly				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	640	48	652	42	-6
Household Income					
$7,500 or less	72	49	87	45	-4
$7,501-$15,000	112	50	93	37	-13
$15,001-$25,000	142	45	141	50	+5
$25,001-$35,000	109	41	107	50	+9
$35,001-$50,000	93	49	87	33	-16
$50,001 and over	49	46	60	35	-11
Usual Occupation of Head of Household					
Blue-collar labor, service	248	51	249	40	-11
Clerical, sales	127	44	116	48	+4
Professional, manager, or proprietor	204	46	213	40	-6
Self-Described Health Status					
Excellent	131	39	160	43	+4
Very good or good	414	50	374	40	-10
Fair or poor	95	49	115	48	-1

CHAPTER 7: SPECIAL TOPICS IN HEALTH ENHANCEMENT: AMERICAN ATTITUDES AND BEHAVIOR TOWARD THE AIDS EPIDEMIC

AIDS (Acquired Immune Deficiency Syndrome) is currently, and will continue to be, one of the most critical health care topics of the late 20th Century. At the current time, more than 50,000 Americans have the disease and it is estimated that by the year 1991 this figure will have risen to 270,000.

Although the disease has already reached major epidemic proportions among the homosexual and I.V. drug using communities, most Americans feel that five years from now AIDS will not be a major epidemic. Concern is rising, however. In the two years between 1985 (the first year AIDS questions were asked) and 1987, the number of people who think AIDS will become a major epidemic has almost doubled, from 14% to 27%. Even with this increase, only about one out of four Americans believe that five years from now AIDS will be a major epidemic (Table 7-1).

Regionally those in the South and Western parts of the country express more concern that AIDS will become a major epidemic as compared to the East and mid-West. The rate of growth in concern is also highest among those in the South and West.

Men and women are about equally concerned, although concern among women is rising at a faster rate than among men.

Both ethnic and age group differences are small. Equal concern that AIDS will grow into an epidemic exists among Blacks and Whites, young and old.

Differences among household income categories are slight and inconsistent. The respondents' education level, on the other hand, does show an interesting difference that should be noted. Those with four-year college degrees are less likely to think that AIDS will grow into a major epidemic than those without four-year college degrees. The rate of increase in concern during the last two years is also lower than average among those with four-year college degrees.

While only a minority feel that AIDS will be a major epidemic five years from now, the vast majority, more than six out of ten Americans, think that it will be a growing health problem.

Given the rising concern about AIDS as a potential epidemic and a growing health problem, it is not surprising that more and more Americans think that they, themselves, run the risk of catching AIDS. As shown by the data in Table 7-2, 16% of adults in America currently believe that they run the risk of catching AIDS, an increase of 6% during the last two years.

Regionally, concern about the personal risk of catching AIDS is rising most rapidly in the Western part of the country. Concern is slightly lower in the mid-West, but generally speaking, equal levels of concern exists across the nation.

About the same number of men and women expressed concern about catching AIDS. Although there is indication that concern among men is rising faster than among women.

Those of the three major ethnic groups in the country expressed equal concern about the personal hazards of catching AIDS.

Younger people, who may have more sexual partners, expressed more concern than those above 50 years of age. The rate of increase in concern about the personal hazards of catching AIDS is also substantially greater among those under 50 years of age as compared to those older than 50.

Personal concern about getting AIDS cuts across the socio-economic strata, but is more likely to be found among those with more education and higher household income. The rate of increase in concern, however, is relatively equal among the various socio-economic strata in society.

It is interesting to note that while personal concern is higher among the more educated, concern that AIDS will become an epidemic in the next 5 years is lower.

With the concern about the personal risk of catching AIDS on the rise, it is not surprising to find, as we do in Table 7-3, that more and more people are taking special steps or precautions to avoid catching AIDS. In 1987, 49% of those questioned indicated that they did so, an increase of 8% since 1985.

Regionally, the increase in the proportion of people who say they are taking special steps or precautions to avoid AIDS is not equally distributed, but rather ranges from a high of 55% in the Southern part of the country, to a low of 44% in the East. This major regional difference is primarily due to the fact that the Eastern part of the country has experienced no increase in the proportion of adults taking steps to avoid AIDS over the last two years as compared to the South, which registered a 13% increase.

Not surprisingly, taking precautions against AIDS declines with age and sexual activity. Only 31% of those 65 years of age and older indicated that they took precautions, compared to 61% of those 18 to 29 years of age.

Although the same proportion of men and women are taking precautions against AIDS, there are differences among the major ethnic groups. In 1987, 47% of the Whites indicated that they were taking precautions against catching AIDS, compared to 59% of the Blacks and 57% of the Hispanic respondents. Although fewer Whites are taking precautions than those in minority communities, the rate of increase among Whites is greater than among Blacks and Hispanics.
In fact, minority groups show a small decline in the proportion of people taking precautions to avoid getting AIDS between 1985 and 1987, a cause for major concern, given the disproportionate number of minorities who have the disease.

Q.44

Table 7-1

PERCENTAGE OF ADULTS WHO THINK AIDS WILL BE A MAJOR EPIDEMIC IN THE NEXT FIVE YEARS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Now a couple questions about the disease called AIDS -- Acquired Immune Deficiency Syndrome. Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

	Adults Who Think AIDS Will Be a Major Epidemic in the Next Five Years				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	14	1250	27	+13
Region					
East	313	15	313	24	+9
Midwest	311	11	311	23	+12
South	388	16	386	30	+14
West	244	12	240	32	+20
Urbanism					
Central city	381	16	379	27	+11
Rest of metropolitan area	577	12	572	28	+16
Outside metropolitan area	298	15	299	25	+10
Sex					
Men	616	15	598	25	+10
Women	640	13	652	28	+15
Race					
White	1050	13	1011	27	+14
Black	110	18	95	31	+13
Hispanic	55	15	92	21	+6
Age					
18-29 years	320	16	318	27	+11
30-39 years	335	13	299	26	+13
40-49 years	192	13	175	31	+18
50-64 years	253	13	238	26	+13
65 and over	155	13	211	26	+13
Education					
Not high school graduate	182	21	201	31	+10
High school graduate	448	14	442	28	+14
Some college	317	11	294	29	+18
Four-year college graduate	308	12	309	21	+9

(Continued)

Q.44

Table 7-1 (Continued)

PERCENTAGE OF ADULTS WHO THINK AIDS WILL BE A MAJOR EPIDEMIC IN THE NEXT FIVE YEARS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Think AIDS Will Be a Major Epidemic in the Next Five Years				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	14	1250	27	+13
Household Income					
$7,500 or less	106	12	123	24	+12
$7,501-$15,000	188	19	147	28	+9
$15,001-$25,000	272	14	275	28	+14
$25,001-$35,000	264	11	222	27	+16
$35,001-$50,000	189	16	206	24	+8
$50,001 and over	145	8	157	27	+19
Usual Occupation of Head of Household					
Blue-collar labor, service	488	17	498	29	+12
Clerical, sales	221	13	186	26	+13
Professional, manager, or proprietor	449	11	442	26	+15

Q.45

Table 7-2

PERCENTAGE OF ADULTS WHO THINK THEY RUN THE RISK OF CATCHING AIDS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you think that _you_ run any risk of catching AIDS, or not?

	Adults Who Run Risk				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	10	1250	16	+6
Region					
East	313	16	313	16	0
Midwest	311	9	311	12	+3
South	388	8	386	16	+8
West	244	8	240	17	+9
Urbanism					
Central city	381	12	379	18	+6
Rest of metropolitan area	577	10	572	15	+5
Outside metropolitan area	298	7	299	14	+7
Sex					
Men	616	10	598	17	+7
Women	640	10	652	14	+4
Race					
White	1050	11	1011	16	+5
Black	110	9	95	12	+3
Hispanic	55	8	92	19	+11
Age					
18-29 years	320	11	318	18	+7
30-39 years	335	16	299	20	+4
40-49 years	192	11	175	19	+8
50-64 years	253	7	238	9	+2
65 and over	155	6	211	9	+3
Education					
Not high school graduate	182	6	201	11	+5
High school graduate	448	9	442	12	+3
Some college	317	9	294	18	+9
Four-year college graduate	308	16	309	21	+5

(Continued)

Q.45

Table 7-2 (Continued)

PERCENTAGE OF ADULTS WHO THINK THEY RUN THE RISK OF CATCHING AIDS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Run Risk				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	10	1250	16	+6
Household Income					
$7,500 or less	106	10	123	15	+5
$7,501-$15,000	188	8	147	14	+6
$15,001-$25,000	272	8	275	17	+9
$25,001-$35,000	264	9	222	16	+7
$35,001-$50,000	189	14	206	17	+3
$50,001 and over	145	11	157	21	+10
Usual Occupation of Head of Household					
Blue-collar labor, service	488	9	498	14	+5
Clerical, sales	221	11	186	16	+5
Professional, manager, or proprietor	449	11	442	17	+6

Q.46

Table 7-3

PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO AVOID CATCHING AIDS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you take any special steps or precautions to avoid catching AIDS, or not?

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	41	1250	49	+8
Region					
East	313	43	313	44	+1
Midwest	311	37	311	46	+9
South	388	42	386	55	+13
West	244	40	240	49	+9
Urbanism					
Central city	381	44	379	54	+10
Rest of metropolitan area	577	39	572	47	+8
Outside metropolitan area	298	40	299	47	+7
Sex					
Men	616	42	598	50	+8
Women	640	40	652	48	+8
Race					
White	1050	37	1011	47	+10
Black	110	61	95	59	-2
Hispanic	55	58	92	57	-1
Age					
18-29 years	320	52	318	61	+9
30-39 years	335	44	299	53	+9
40-49 years	192	42	175	48	+6
50-64 years	253	34	238	40	+6
65 and over	155	24	211	31	+7
Education					
Not high school graduate	182	37	201	41	+4
High school graduate	448	42	442	49	+7
Some college	317	45	294	55	+10
Four-year college graduate	308	37	309	48	+11

(Continued)

Q.46

Table 7-3 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SPECIAL STEPS TO AVOID CATCHING AIDS, 1985-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Take Special Steps				Percentage Point Change From 1985 to 1987
	1985		1987		
	Base	%	Base	%	
Total Adults	1256	41	1250	49	+8
Household Income					
$7,500 or less	106	45	123	45	0
$7,501-$15,000	188	40	147	52	+12
$15,001-$25,000	272	45	275	48	+3
$25,001-$35,000	264	41	222	54	+13
$35,001-$50,000	189	37	206	43	+6
$50,001 and over	145	37	157	52	+15
Usual Occupation of Head of Household					
Blue-collar labor, service	488	43	498	49	+6
Clerical, sales	221	41	186	49	+8
Professional, manager, or proprietor	449	38	442	50	+12

PART II:

HEALTH SUPPRESSORS

CHAPTER 8: SMOKING

Analysis of smoking behavior begins our discussion of the three main health suppressors measured in the survey. Trends in alcohol use and stress will be examined in subsequent chapters.

In 1987, 28% of Americans questioned said that they smoked cigarettes. This figure has fluctuated less than 3% since the first Prevention survey in 1983. Although the number of people who smoke has been declining since the Harris firm first measured this behavior in 1974, the decline seems to have bottomed out at this point. About three out of every ten Americans still smoke cigarettes (Table 8-1).

As shown by the data in Table 8-2 the decline in cigarette smoking has been much steeper for men, 47% of whom said they smoked in 1974*, compared to only 27% in 1987. Smoking has also decreased among women, from 38% in 1974 to 29% currently. Because the rate of decline in smoking among women is lower than that among men, the difference in the proportion of men and women smoking has been narrowing over the years, from 10% to 12% in the mid-1970's to about equal proportions in the early 1980's. Since 1983, the rate of smoking among men has continued to decline, 6% in all, while the rate of decline among women has been nil. Hence in 1987, there were slightly more women who smoked than men.

Smoking tends to decline among those 65 years of age and older, only 17% of whom said that they smoked, down 7% since 1983. However, those between 50 and 64 years of age have shown a 7% increase in the number of smokers.

Among the various education levels, only those with a four-year college degree showed a significant decline in the proportion who said they smoked. Only 18% of those with a four-year college degree said that they smoked, compared to about 30% of those without a college degree. Household income follows a similar pattern, those with more household income smoking less than those with fewer financial resources. About 35% of those making less than $15,000 said that they smoked, compared to 23% of those making more than $35,000. It should also be noted that the gap between the rich and the poor may be widening. Those whose household income was less than $15,000 experienced an increase in smoking between 1983 and 1987, while those making more than $15,000 experienced a decline.

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*Although not a part of the Prevention Index at the time, the Harris firm first measured this trend in 1974.

The effect of smoking on self-described health status should also be noted. In 1987, 22% of those in excellent health said that they smoked compared to 35% of those in fair or poor health (Table 8-3).

Q.17

Table 8-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974 February	1975 March	1978 January	1978* May	1980** March	1983 November	1984 November	1985 November	1986 November	1987 November
Base	1407	1556	1347	1514	1506	1252	1253	1256	1250	1250
	%	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	37	40	30	28	30	27	28
Do not smoke	57	57	61	63	60	70	72	70	72	72

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources are the following eight national probability samples of adults aged 18 and older:

February 1974, Harris Perspective #4;
March 1975, Harris Perspective #13;
January 1978, Harris Perspective #41;
May 1978, Harris "Health Maintenance" survey, conducted for Pacific Mutual Life Insurance Co.;
March 1980, Harris Perspective #66;
November 1983, Harris "Prevention in America" survey, conducted for *Prevention* magazine;
November 1984, Harris "Prevention in America II" survey, conducted for *Prevention* magazine.
November 1985, Harris "Prevention in America III" survey, conducted for *Prevention* magazine.
November 1986, Harris "Prevention in America IV" survey, conducted for *Prevention* magazine.

*The May 1978 result is based on a two-part question that first asked people whether they had "ever" smoked cigarettes "regularly." In other surveys, a single-part question was used. The effective part of the question for all surveys is as follows: "Do you smoke cigarettes (now), or not (or don't you)?" Interviews were conducted in-person through 1980 and via telephone in 1983, 1984, 1985, and 1986.

**Sampling fluctuations may account for the fact that the March 1980 figure seems to depart from the general pattern of a decline in smoking. In the spring of 1980, the National Survey of Personal Health Practices and Consequences, as reported by the National Center for Health Statistics, found between 33% and 34% of adults aged 20 to 64 to smoke cigarettes. That finding was based on the second wave of a panel survey conducted by telephone.

Table 8-2

CONVERGENCE IN SMOKING RATES FOR MEN VS. WOMEN

	1974 February	1975 March	1978 January	1978 May	1980 March	1983 November	1984 November	1985 November	1986 November	1987 November
Percent of men smoking cigarettes	47	49	45	43	44	33	27	31	29	27
Percent of women smoking cigarettes	38	37	33	32	36	28	30	29	26	29
Difference	+9	+12	+12	+11	+8	+5	-3*	+2*	+3*	-2*

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*In the 1984 survey the smoking rates of men and women are statistically indistinguishable. In the 1985, 1986, and 1987 surveys the smoking rates of men and women are also statistically indistinguishable.

Q.17

Table 8-3

PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you smoke cigarettes now, or not?

	Adults Who Smoke				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	30	1250	28	-2
Region					
East	321	28	313	32	+4
Midwest	324	35	311	28	-7
South	376	30	386	27	-3
West	233	25	240	25	0
Urbanism					
Central city	385	30	379	29	-1
Rest of metropolitan area	562	32	572	26	-6
Outside metropolitan area	307	26	299	31	+5
Sex					
Men	608	33	598	27	-6
Women	646	28	652	29	+1
Race					
White	1049	29	1011	28	-1
Black	118	36	95	29	-7
Hispanic	87	28	92	30	+2
Age					
18-29 years	340	32	318	28	-4
30-39 years	285	34	299	32	-2
40-49 years	216	33	175	31	-2
50-64 years	215	26	238	33	+7
65 and over	194	24	211	17	-7
Education					
Not high school graduate	215	34	201	32	-2
High school graduate	433	34	442	33	-1
Some college	312	30	294	29	-1
Four-year college graduate	291	21	309	18	-3

(Continued)

Q.17

Table 8-3 (Continued)

PERCENTAGE OF ADULTS WHO SMOKE CIGARETTES, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Smoke				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	30	1250	28	-2
Household Income					
$7,500 or less	137	31	123	32	+1
$7,501-$15,000	230	33	147	38	+5
$15,001-$25,000	287	35	275	31	-4
$25,001-$35,000	226	28	222	27	-1
$35,001-$50,000	128	27	206	23	-4
$50,001 and over	108	24	157	23	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	552	32	498	32	-0
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	26	442	23	-3
Self-Described Health Status					
Excellent	342	24	328	22	-2
Very good or good	717	31	734	29	-2
Fair or poor	189	37	185	35	-2

CHAPTER 9: TRENDS IN THE USE OF ALCOHOL AND DRUGS

Alcohol consumption has decreased slightly among the American population between 1983 and 1987. This is reflected by the slight increase in the number of people who never drink (34% in 1983, compared to 36% in 1987). The declining trend in alcohol consumption is also evidenced by the fact that the number of people who drink three or more days a week is also on the decline. This figure stood at 15% in 1983 compared to 11% in 1987 (Table 9-1).

The slight increase in abstinence in alcohol is primarily due to the fact that those 65 years age and older are drinking substantially less. In 1983, 55% of those 65 years of age and older said that they did not drink alcohol. By 1987, this figure had risen to 65%, an increase of 10% over the last five years.

Although the number of drinkers is down slightly for the nation as a whole, the quantity of alcohol consumed among those who drink not changed (23%) (Table 9-2).

Demographic Differences in the Rate of Heavy Alcohol Consumption

Although there was no change in the rate of heavy drinking among American adults between 1984 and 1987, this overall difference masks the significant changes that have occurred regionally. As indicated by the data in Table 9-3, those in the Eastern and mid-Western sections of the nation have experienced declines in the rate of heavy drinking, totaling between 5-6% while the Southern and Western portions of the country registered increases in the rate of heavy drinking during this same time period (6%).

While little change has occurred in the rate of heavy drinking for either men or women between 1984 and 1987, men still drink more heavily than women. In 1987 31% of the men indicated that they drank heavily, as compared to only 16% of the women.

While younger people, especially those under 30 years of age, still drink more heavily than older people, the rate of heavy drinking among younger persons may be declining, while at the same time increasing for those between 40 and 65 years of age.

From a socioeconomic standpoint, heavy drinking cuts across all income and educational categories. Although those in the very lowest education and income categories tend to drink the least, the decline in heavy drinking among those with less education and fewer economic resources should also be noted. Those with family incomes under $25,000 a year experienced a decline in heavy drinking between 1984 and 1987 while those with family incomes of $25,000 a year or more experienced an increase. This same pattern is also evident among college graduates, who experienced a 4% increase in the rate of heavy drinking, as compared to declines in heavy drinking among those without a college degree.

Variation in Drug Use Among Demographic Subgroups

The use of other recreational drugs is also on the decline. Nine percent of the American population admitted using recreational drugs, such as marijuana, in 1984, compared to 6% in 1987. While this represents only a 3% decrease, that decline represents about a 33% decrease in the number of people who say they use recreational drugs.

The decline in drug abstinence between 1984 and 1987 was centered among the youngest adults in the country, those 18 to 29 years of age (see Table 9-4). In 1983, 21% of those who were 18 to 29 years of age said that they used recreational drugs, a figure that had declined 10% by 1987 to 11%.

Interestingly, recreational drug use is relatively equal among the various educational and household income levels. The data indicate that in fact, drug abstinence may be rising among those with lower household income faster than among those with greater income.

Q.23, 24, 33

Table 9-1

TRENDS IN THE USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	1983 Survey		1984 Survey		1985 Survey		1986 Survey		1987 Survey	
Base	1254		1253		1256		1250		1250	
	%		%		%		%		%	
Frequency of Alcohol Consumption										
Never	34		30		33		32		36	
Less than 1 day a month	16		14		15		15		13	
1 to 3 days a month	16		19		20		19		19	
1 to 2 days a week	19	65	21	70	19	66	20	67	21	64
3 to 4 days a week	7		8		6		6		5	
5 to 6 days a week	2	15	2	16	2	12	1	13	1	11
Daily/7 days a week	6		6		4		6		5	
Not sure	*		-		*		1		*	
Quantity of Alcohol Consumption Among Drinkers										
(Base)	(828)								(800)	
1 drink	32								33	
2 drinks	36								31	
3 drinks	15								14	
4 drinks	8								9	
5 or more drinks	8								13	
Not sure	2								*	
Recreational Drugs										
(Base)	(1254)		(1253)		(1256)		(1250)		(1250)	
Frequently	x		2		2		1		*	
Sometimes	x		7	9	7	9	2	7	1	5
Only occasionally**	x		x		x		4		4	
Never	x		91		91		93		94	
Not sure	x		*		*		-		-	

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x = Not asked.

*Less than 0.5%.

**The "only occasionally" category was added in 1986.

Q.23

Table 9-2

PERCENTAGE OF ADULTS WHO DO NOT DRINK ALCOHOL, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

	Adults Who Do Not Drink Alcohol				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	34	1250	36	+2
Region					
East	321	27	313	30	+3
Midwest	324	30	311	33	+3
South	376	48	386	48	0
West	233	28	240	28	0
Urbanism					
Central city	385	29	379	31	+2
Rest of metropolitan area	562	32	572	34	+2
Outside metropolitan area	307	46	299	45	-1
Sex					
Men	608	26	598	28	+2
Women	646	42	652	43	+1
Race					
White	1049	33	1011	34	+1
Black	118	49	95	52	+3
Hispanic	87	29	92	27	-2
Age					
18-29 years	340	24	318	27	+3
30-39 years	285	29	299	26	-3
40-49 years	216	33	175	31	-2
50-64 years	215	39	238	39	0
65 and over	194	55	211	65	+10
Education					
Not high school graduate	215	55	201	56	+1
High school graduate	433	37	442	38	+1
Some college	312	24	294	30	+6
Four-year college graduate	291	24	309	23	-1

(Continued)

Q.23

Table 9-2 (Continued)

PERCENTAGE OF ADULTS WHO DO NOT DRINK ALCOHOL, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Do Not Drink Alcohol				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	34	1250	36	+2
Household Income					
$7,500 or less	137	47	123	61	+14
$7,501-$15,000	230	42	147	43	+1
$15,001-$25,000	287	32	275	35	+3
$25,001-$35,000	226	26	222	22	-4
$35,001-$50,000	128	19	206	28	+9
$50,001 and over	108	15	157	18	+3
Usual Occupation of Head of Household					
Blue-collar labor, service	552	40	498	39	-1
Clerical, sales	148	24	186	28	+4
Professional, manager, or proprietor	424	26	442	31	+5

Q. 24

Table 9-3

PERCENTAGE OF ADULTS WHO ARE HEAVY DRINKERS
(3 OR MORE DRINKS)
1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass or wine.

	Adults Who Drink Heavily (3 or More Drinks)				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	23	1250	23	0
Region					
East	321	27	313	21	-6
Midwest	326	29	311	24	-5
South	373	19	386	24	+5
West	233	19	240	22	+6
Urbanism					
Central city	384	24	379	24	0
Rest of metropolitan area	561	25	572	24	-1
Outside metropolitan area	308	22	299	21	-1
Sex					
Men	619	30	598	31	+1
Women	634	18	652	16	-2
Race					
White	1089	25	1011	23	-2
Black	110	19	95	14	-5
Hispanic	72	29	92	28	-1
Age					
18-29 years	363	40	318	37	-3
30-39 years	285	28	299	25	-3
40-49 years	175	18	175	23	+5
50-64 years	238	12	238	14	+2
65 and over	190	6	211	5	-1
Education					
Not high school graduate	233	16	201	14	-2
High school graduate	445	27	442	26	-1
Some college	287	31	294	25	-6
Four-year college graduate	286	19	309	23	+4

(Continued)

Q.24

Table 9-3 (Continued)

PERCENTAGE OF ADULTS WHO ARE HEAVY DRINKERS (3 OR MORE DRINKS) 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Drink Heavily (3 or More Drinks)				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	23	1250	23	0
Household Income					
$7,500 or less	139	23	123	14	-9
$7,501-$15,000	230	25	147	22	-3
$15,001-$25,000	268	26	275	23	-3
$25,001-$35,000	237	26	222	28	+2
$35,001-$50,000	159	22	206	27	+5
$50,001 and over	112	26	157	28	+2
Usual Occupation of Head of Household					
Blue-collar labor, service	523	26	498	24	-2
Clerical, sales	161	30	186	22	+2
Professional, manager, or proprietor	483	22	442	22	0

Q.33

Table 9-4

PERCENTAGE OF ADULTS WHO NEVER USE RECREATIONAL DRUGS, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometime, or never?

	Adults Who Never Use Drugs				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	91	1250	94	+3
Region					
East	321	89	313	94	+5
Midwest	326	92	311	96	+4
South	373	93	386	95	+2
West	233	86	240	90	+4
Urbanism					
Central city	384	86	379	90	+4
Rest of metropolitan area	561	92	572	96	+4
Outside metropolitan area	308	94	299	96	+2
Sex					
Men	619	87	598	91	+4
Women	634	94	652	97	0
Race					
White	1089	91	1011	94	+3
Black	110	87	95	93	+6
Hispanic	72	86	92	90	+4
Age					
18-29 years	363	79	318	89	+10
30-39 years	283	89	299	90	+1
40-49 years	175	95	175	97	+2
50-64 years	238	100	238	100	0
65 and over	190	99	211	100	+1
Education					
Not high school graduate	233	94	201	96	+2
High school graduate	445	92	442	95	+3
Some college	287	88	294	91	+3
Four-year college graduate	286	89	309	94	+5

(Continued)

Q.33

Table 9-4 (Continued)

PERCENTAGE OF ADULTS WHO NEVER USE RECREATIONAL DRUGS, 1984-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Never Use Drugs				Percentage Point Change From 1984 to 1987
	1984		1987		
	Base	%	Base	%	
Total Adults	1253	91	1250	94	+3
Household Income					
$7,500 or less	139	88	123	96	+8
$7,501-$15,000	230	90	147	96	+6
$15,001-$25,000	268	89	275	94	+5
$25,001-$35,000	237	91	222	92	+1
$35,001-$50,000	159	94	206	94	0
$50,001 and over	112	93	157	92	-1
Usual Occupation of Head of Household					
Blue-collar labor, service	523	90	498	95	+5
Clerical, sales	161	94	186	94	0
Professional, manager, or proprietor	483	90	442	93	+3

CHAPTER 10: STRESS

Stress, that feeling of being overwhelmed by the responsibilities and problems of everyday life, can have a serious negative impact on both mental and physical health. Between 1983 and 1987, the proportion of respondents who said that they were under great stress at least several days a week rose from 28% to 32%. At the same time, more Americans say they are taking steps to reduce the stress in their lives. Sixty-eight percent did so in 1987, compared to 59% in 1983, an increase of 9% (Table 10-1).

Regionally, stress has increased most among those in the Eastern part of the country, some 8% between 1983 and 1987, twice the national average.

The number of women who say that they are under a great deal of stress at least several days a week has risen significantly over the last five years, (7%) while the rate for men has declined. Because of this increase, more women are now under greater stress than men (35% compared to 27% of the men).

Stress levels also differed among the various ethnic groups, with White and Hispanic respondents exhibiting approximately equal rates of stress and Blacks somewhat lower. This slightly lower rate of stress among Blacks was due to the 11% decline in this rate between 1983 and 1987. Blacks, who reported the highest rate of stress in 1983, now report the lowest rate of stress. During this time period the rate of stress increased slightly among White and Hispanic respondents.

Those 65 years of age and older reported the least amount of stress in the nation. In 1987, only 13% of those in this category said that they were under a great deal of stress several days a week. That figure represents a 2% decline over the 1983 data. Further analysis of the trend in the stress across the age groups shows that stress tends to increase between 18 and 49 and then decrease among those 50 years of age and older. Stress peaks in the 40 to 49 years old age group which experienced a 14% increase in the rate of stress over the last five years.

From a socio-economic standpoint, individuals' education level does seem to play a role in the level of stress that they are likely to experience. Those with four-year college degrees experienced the greatest level of stress. Thirty-five percent indicated that they felt under great stress at least several days a week, compared to those without a high school diploma, 26% of whom indicated they were under great stress at least several days a week. This gap between education categories seems to be increasing. Those without a high school diploma experienced a 3% decline in the rate of great stress, compared to a 9% increase among those with a four-year college degree.

A similar difference exists among those whose household income is less than $7,500 a year as compared to those with household incomes of $50,000 a year. Those with lower incomes were under slightly less stress than those with higher incomes. Although it should be noted that for both education level and household income, the difference in level of stress is relatively small.

The importance of stress on physical health is shown by the data in Table 10-4. Thirty-one percent of those who describe their health as excellent said that they felt under a great deal of stress at least several days a week, compared to 42% of those who describe their physical health status as fair or poor.

Q.20, 21, 22, 19

Table 10-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	Percentage Point Change From 1983 to 1987
Base	1254	1253	1256	1250	1250	
	%	%	%	%	%	
Frequency of Stress						
Almost every day	16 } 28	13 } 27	14 } 27	17 } 30	17 } 32	+1
Several days a week	12 }	14 }	13 }	13 }	15 }	+3
Once or twice a week	27	31	33	29	30	+3
Less often than once a week	29	30	30	30	27	-2
Never	16	10	10	10	10	-6
Not sure	1	2	1	1	1	0
Steps To Control Stress						
Yes, take steps to control	59	70	69	64	68	+9
No, don't take steps	38	29	31	35	30	-8
Not sure	3	1	1	1	2	-1
Sleep						
6 hours or less	25	26	26	26	27	+2
7-8 hours	64	63	64	65	61	-3
9 hours or more	10	10	9	9	11	+1
Not sure	1	1	*	1	1	-1
Socializing With Others						
Once a week or more	84	85	85	81	83	-1
Less than once a week	16	14	15	19	17	+1
Not sure	*	1	*	*	1	1

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*Less than 0.5%.

Q.19

Table 10-2

PERCENTAGE OF ADULTS WHO SOCIALIZE WITH FRIENDS OR RELATIVES ONCE A WEEK OR MORE, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Adults Who Socialize Once a Week or More				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	83	1250	83	0
Region					
East	321	85	313	80	-5
Midwest	324	84	311	83	-1
South	376	84	386	83	-1
West	233	82	240	87	+5
Urbanism					
Central city	385	87	379	83	-4
Rest of metropolitan area	562	81	572	84	+3
Outside metropolitan area	307	85	299	81	-4
Sex					
Men	608	81	598	82	+1
Women	646	86	652	84	-2
Race					
White	1049	85	1011	84	-1
Black	118	74	95	74	0
Hispanic	87	82	92	87	+5
Age					
18-29 years	340	91	318	92	+1
30-39 years	285	84	299	79	-5
40-49 years	216	76	175	75	-1
50-64 years	215	76	238	76	0
65 and over	194	86	211	86	0
Education					
Not high school graduate	215	82	201	85	+3
High school graduate	433	85	442	82	-3
Some college	312	85	294	86	+1
Four-year college graduate	291	81	309	80	-1

(Continued)

Q.19

Table 10-2 (Continued)

PERCENTAGE OF ADULTS WHO SOCIALIZE WITH FRIENDS OR RELATIVES ONCE A WEEK OR MORE, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Socialize Once a Week or More				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	83	1250	83	0
Household Income					
$7,500 or less	137	86	123	82	-4
$7,501-$15,000	230	86	147	91	+5
$15,001-$25,000	287	89	275	82	-7
$25,001-$35,000	226	78	222	87	+9
$35,001-$50,000	128	75	206	80	+5
$50,001 and over	108	83	157	77	-6
Usual Occupation of Head of Household					
Blue-collar labor, service	552	83	498	83	0
Clerical, sales	148	85	186	84	-1
Professional, manager, or proprietor	424	83	442	83	0

Q.22

Table 10-3

PERCENTAGE OF ADULTS WHO GET SEVEN OR EIGHT HOURS SLEEP MOST NIGHTS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: How many hours do you usually sleep each 24-hour day in total?

	Adults Who Get Seven or Eight Hours Sleep Most Nights				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	64	1250	61	-3
Region					
East	321	65	313	57	-8
Midwest	324	67	311	63	-4
South	376	59	386	59	0
West	233	66	240	68	+2
Urbanism					
Central city	385	64	379	63	-1
Rest of metropolitan area	562	65	572	62	-3
Outside metropolitan area	307	61	299	58	-3
Sex					
Men	608	65	598	63	-2
Women	646	63	652	60	-3
Race					
White	1049	66	1011	63	-3
Black	118	48	95	44	-4
Hispanic	87	55	92	76	+21
Age					
18-29 years	340	62	318	55	-7
30-39 years	285	73	299	69	-4
40-49 years	216	67	175	68	+1
50-64 years	215	62	238	61	-1
65 and over	194	59	211	58	-1
Education					
Not high school graduate	215	48	201	52	+4
High school graduate	433	67	442	58	-9
Some college	312	65	294	65	0
Four-year college graduate	291	71	309	69	-2

(Continued)

Q.22

Table 10-3 (Continued)

PERCENTAGE OF ADULTS WHO GET SEVEN OR EIGHT HOURS SLEEP MOST NIGHTS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Get Seven or Eight Hours Sleep Most Nights				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	64	1250	61	-3
Household Income					
$7,500 or less	137	55	123	53	-2
$7,501-$15,000	230	58	147	58	0
$15,001-$25,000	287	67	275	60	-7
$25,001-$35,000	226	67	222	64	-3
$35,001-$50,000	128	66	206	71	+5
$50,001 and over	108	72	157	66	-6
Usual Occupation of Head of Household					
Blue-collar labor, service	552	60	498	56	-4
Clerical, sales	148	68	186	69	+1
Professional, manager, or proprietor	424	68	442	65	-3
Self-Described Health Status					
Excellent	343	67	328	66	-1
Very good or good	718	66	734	62	-4
Fair or poor	189	52	185	54	+2

Q.20

Table 10-4

PERCENTAGE OF ADULTS WHO FEEL UNDER GREAT STRESS AT LEAST SEVERAL DAYS A WEEK, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

	Adults Who Are Under Stress Several Days a Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	28	1250	31	+3
Region					
East	321	25	313	33	+8
Midwest	324	27	311	29	+2
South	376	31	386	31	0
West	233	27	240	31	+4
Urbanism					
Central city	385	28	379	31	+3
Rest of metropolitan area	562	28	572	33	+5
Outside metropolitan area	307	26	299	29	+3
Sex					
Men	608	29	598	27	-2
Women	646	28	652	35	+7
Race					
White	1049	27	1011	32	+5
Black	118	37	95	26	-11
Hispanic	87	24	92	31	+7
Age					
18-29 years	340	29	318	33	+4
30-39 years	285	35	299	38	+3
40-49 years	216	26	175	40	+14
50-64 years	215	30	238	30	0
65 and over	194	15	211	13	-2
Education					
Not high school graduate	215	29	201	26	-3
High school graduate	433	26	442	30	+4
Some college	312	29	294	33	+4
Four-year college graduate	291	26	309	35	+9

(Continued)

Q.20

Table 10-4 (Continued)

PERCENTAGE OF ADULTS WHO FEEL UNDER GREAT STRESS AT LEAST SEVERAL DAYS A WEEK, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Are Under Stress Several Days a Week				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	28	1250	31	+3
Household Income					
$7,500 or less	137	26	123	30	+4
$7,501-$15,000	230	29	147	33	+4
$15,001-$25,000	287	29	275	30	+1
$25,001-$35,000	226	24	222	30	+6
$35,001-$50,000	128	31	206	34	+3
$50,001 and over	108	35	157	35	0
Usual Occupation of Head of Household					
Blue-collar labor, service	552	25	498	30	+5
Clerical, sales	148	28	186	30	+2
Professional, manager, or proprietor	424	28	442	34	+6
Self-Described Health Status					
Excellent	343	23	328	31	+8
Very good or good	718	26	734	29	+3
Fair or poor	189	29	185	42	+13

Q.21

Table 10-5

PERCENTAGE OF ADULTS WHO TAKE SPECIFIC STEPS TO CONTROL STRESS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

Q.: Do you consciously take steps to control or reduce the stress in your life, or not?

	Adults Who Take Steps to Control Stress				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	59	1250	68	+9
Region					
East	321	56	313	73	+17
Midwest	324	62	311	69	+7
South	376	58	386	64	+6
West	233	61	240	66	+5
Urbanism					
Central city	385	60	379	70	+10
Rest of metropolitan area	562	61	572	68	+7
Outside metropolitan area	307	54	299	66	+12
Sex					
Men	608	59	598	67	+8
Women	646	59	652	69	+10
Race					
White	1049	59	1011	69	+10
Black	118	63	95	64	+1
Hispanic	87	47	92	66	+19
Age					
18-29 years	340	55	318	68	+13
30-39 years	285	66	299	69	+3
40-49 years	216	61	175	67	+6
50-64 years	215	60	238	74	+14
65 and over	194	53	211	62	+9
Education					
Not high school graduate	215	53	201	57	+4
High school graduate	433	54	442	67	+13
Some college	312	62	294	71	+9
Four-year college graduate	291	66	309	74	+8

(Continued)

Q.21

Table 10-5 (Continued)

PERCENTAGE OF ADULTS WHO TAKE SPECIFIC STEPS TO CONTROL STRESS, 1983-1987, BROKEN DOWN BY POPULATION DEMOGRAPHIC CHARACTERISTICS

	Adults Who Take Steps to Control Stress				Percentage Point Change From 1983 to 1987
	1983		1987		
	Base	%	Base	%	
Total Adults	1254	59	1250	68	+9
Household Income					
$7,500 or less	137	55	123	70	+15
$7,501-$15,000	230	54	147	73	+19
$15,001-$25,000	287	60	275	66	+6
$25,001-$35,000	226	62	222	72	+10
$35,001-$50,000	128	63	206	67	+4
$50,001 and over	108	59	157	67	+8
Usual Occupation of Head of Household					
Blue-collar labor, service	552	58	498	65	+7
Clerical, sales	148	55	186	70	+15
Professional, manager, or proprietor	424	61	442	71	+10

APPENDIX A: SURVEY METHOD

The 1987 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 11 to November 25, 1987. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in Table A-2 at the end of this Appendix.

The 1987, 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

- The sample is highly representative.
- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.
- Respondents are geographically dispersed, rather than clustered.
- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

- -- It allows greater stratification of the population (Harris samples have twelve strata).
- -- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.
- -- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ , smaller than the skip factor, is selected. Beginning with the random number Ψ, the sample points are then assigned according to where the numbers Ψ, $(\Psi + t/n)$, $(\Psi + 2\ t/n)$, $(\Psi + 3\ t/n)$... $(\Psi + (n-1)\ t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.
2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.
3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.
2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.
3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

-- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.

-- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.

-- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-1) to correct for sub-group variations in telephone penetration and non- response rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching them. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR SAMPLING ERROR OF PROPORTIONS (PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ±11.

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based	Approximate Magnitude of Results				
	Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs. 1,250	2	3	4	4	4
1,000	2	3	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	4	6	6	6
300	4	6	7	7	7
200	6	7	8	8	8
100	7	9	10	11	11
50	9	12	13	14	15
300 vs. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13 percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table AA-1

PROFILE OF THE 1987 ADULT SAMPLE

	Base	Unweighted Proportion in Sample %	Weighted Proportion in Sample %
Total Adults	1250	100	100
Region			
East	313	25	26
Midwest	311	25	25
South	386	31	30
West	240	19	19
Urbanism			
Central city	379	30	31
Rest of metropolitan area	572	46	45
Outside metropolitan area	299	24	24
Sex			
Male	598	48	48
Female	652	52	52
Race			
White	1011	81	79
Black	95	8	10
Hispanic	92	7	6
Age			
18-29 years	318	25	29
30-39 years	299	24	22
40-49 years	175	14	14
50-64 years	238	19	18
65 and over	211	17	16
Education			
Not high school graduate	201	16	17
High school graduate	442	35	35
Some college	294	24	24
Four-year college graduate	309	25	24
Household Income			
$7,500 or less	123	10	12
$7,501-$15,000	147	12	14
$15,001-$25,000	275	22	19
$25,001-$35,000	222	18	16
$35,001-$50,000	206	16	14
$50,001 and over	157	13	14
Usual Occupation of Head of Household			
Blue-collar labor, service	498	40	35
Clerical, sales	186	15	14
Professional, manager, or proprietor	442	35	40

Table AA-2

DISPOSITION OF ALL TELEPHONE NUMBERS CALLED FOR THE 1987 SURVEY

Completed Interviews	1,250
Reached but Not Completed	
Respondent refused altogether	466
Respondent terminated interview once begun	53
Callbacks Incomplete	
Callback agreed to, but respondent could not complete it by the end of field period	287
Quota Out	
Excess women screened out toward end of field period to maintain proper sex ratio	49
No Reachable Respondent	
Never any answer	505
Always busy	59
Phone number not in service	1,004
Phone number is a business	290
Unavailable due to language; no English-speaker in household	65
Everyone reported to be unavailable due to health	53
Everyone reported to be unavailable during duration of the field period	45
Miscellaneous	
Duplicate numbers, etc.	28
TOTAL OF TELEPHONE NUMBERS CALLED	4,154

STANDARD FORMULA FOR CALCULATION OF COMPLETION RATE:

$$\frac{\text{Completions}}{\text{Completions + Refusals + Terminations}} = \frac{1{,}250}{1{,}250 + 466 + 53} = 71\%$$

Completion rate = 71% of eligible households reached.

Noncompetion rate = 29% of eligible households reached.

Table A-2, containing the disposition of all telephone numbers called, allows the interested reader to calculate response rates according to the above formula or other available formulas.

APPENDIX B:

THE QUESTIONNAIRE WITH MARGINALS

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.:__________.
/
/ 5-6-7-8

Study No. 874018 (Prevention V)

November 10, 1987

Sample Point No. / / / / / / / /
10-11-12-13-14-15-16

Time Started:______________A.M./P.M.

Interviewer:__________________________________ I.D. No.: _______ Date:____________

Area Code:___________ Telephone No.:____
(17-26)

Hello, I'm ______________________ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety.

Are you 18 years of age or older? (IF "NO," ASK IF ANYONE IN HOUSEHOLD IS 18 YEARS OLD OR OLDER, AND ASK TO SPEAK WITH THAT PERSON. IF NO ONE IN HOUSEHOLD IS 18 OR OLDER, NOT ELIGIBLE.)

Yes........___ (CONTINUE WITH QUESTIONNAIRE)

No.........___ (NONELIGIBLE)

Refused....___ (REFUSAL)

FROM OBSERVATION: Respondent sex:

Male......(27(____-1
Female........____-2

1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

Excellent.................(28(26 -1
Very good.....................33 -2
Good..........................26 -3
Fair..........................11 -4
Poor...........................4 -5
Not sure.......................* -6
Refused........................- -7

2. There are two approaches to health and sickness: one approach -- treatment -- which seeks to cure sickness, and another approach -- prevention -- which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention, or should we be giving more emphasis to treatment, or more emphasis to prevention?

Got the right balance...................(29(32 -1
Should give more emphasis to treatment.......11 -2
Should give more emphasis to prevention......45 -3
More emphasis to both (vol.).................3 -4
Not sure.....................................9 -5
Refused......................................* -6

3. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year.(30(56 -1
Once a year.....................28 -2
Every two years..................6 -3
Every three or four years.......3 -4
Every five years or less often..2 -5
Never............................3 -6
Not sure.........................2 -7
Refused..........................* -8

4. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year.(31(19 -1
Once a year.....................26 -2
Every two years..................7 -3 (ASK Q.5)
Every three or four years.......4 -4
Every five years or less often..5 -5

Never...........................34 -6
Not sure.........................4 -7 (SKIP TO Q.6)
Refused..........................* -8

5. Do you know what your blood cholesterol level is, or not?

Yes	(32(21	-1
No	40	-2
Not sure	1	-3
Refused	*	-4

ASK EVERYONE

6. Do you know what your blood pressure level is, or not?

Yes	(33(61	-1
No	39	-2
Not sure	*	-3
Refused	*	-4

/34-36Z/

7. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year	(37(50	-1
Once a year	25	-2
Every two years	6	-3
Every three or four years	4	-4
Every five years or less often	4	-5
Never	10	-6
Not sure	1	-7
Refused	*	-8

ASK Q.8 AND Q.9 OF WOMEN ONLY -- SKIP MEN TO Q.10

8. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year	(38(17	-1
Once a year	51	-2
Every 2 years	7	-3
Every 3 years	4	-4
Every 4 or 5 years	3	-5
Every 6 years or less often	3	-6
Never	10	-7
Not applicable (vol.)	2	-8
Not sure	2	-9
Refused	*	-0

9. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month	(39(42	-1
Several times a year	29	-2
Once a year	9	-3
Less than once a year	4	-4
Never	13	-5
I never do it -- doctor does it (vol.)	2	-6
Not applicable (vol.)	1	-7
Not sure	1	-8
Refused	1	-9

ASK EVERYONE

10. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

ROTATE -- START AT "X"	Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
( ) a. Avoid eating too much salt or sodium..(40(	54 -1	26 -2	18 -3	1 -4	- -5
( ) b. Avoid eating too much fat............(41(	54 -1	31 -2	14 -3	1 -4	* -5
( ) c. Eat enough fiber from whole grains, cereals, fruits, and vegetables.......(42(	60 -1	28 -2	11 -3	1 -4	* -5
( ) d. Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats......................(43(	42 -1	36 -2	19 -3	2 -4	* -5
( ) e. Get enough vitamins and minerals in foods or in supplements...............(44(	59 -1	27 -2	12 -3	2 -4	* -5
( ) f. Avoid eating too much sugar and sweet food...........................(45(	49 -1	35 -2	14 -3	1 -4	* -5
( ) g. Get enough calcium in foods or in supplements.........................(46(	54 -1	28 -2	16 -3	1 -4	* -5
( ) h. Avoid caffeine in beverages, such as coffee, tea, and certain soda pop.....(47(	34 -1	30 -2	34 -3	2 -4	* -5
( ) i. Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings..................(48(	36 -1	33 -2	29 -3	1 -4	* -5
DO NOT ROTATE					
j. Eat fish twice a week.................(49(	33 -1	32 -2	33 -3	1 -4	* -5
k. Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.............(50(	59 -1	28 -2	12 -3	1 -4	* -5

11. In feet and inches, what is your height without shoes on?
ROUND TO NEXT HIGHEST INCH

4' 10" or less.......(51(____-1
4' 11"..................____-2
5' 0"...................____-3
5' 1"...................____-4
5' 2"...................____-5
5' 3"...................____-6
5' 4"...................____-7
5' 5"...................____-8
5' 6"...................____-9
5' 7"...................____-0
5' 8"................(52(____-1
5' 9"...................____-2
5' 10"..................____-3
5' 11"..................____-4
6' 0"...................____-5
6' 1"...................____-6
6' 2"...................____-7
6' 3"...................____-8
6' 4"...................____-9
6' 5"...................____-0
6' 6"................(53(____-1
More than 6' 6"..........____-2
Not sure................____-3
Refused.................____-4

12. Please tell me your present weight without clothes. WRITE IN NUMBER

/ / / / lbs.
(54-56)

Not sure.....(57(____-1
Refused..........____-2

13. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small................(58(____-1
Medium..................____-2
Large...................____-3
Not sure................____-4
Refused.................____-5

14. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise......(59(79 -1
Do not get regular exercise... 21 -2
Not sure...................... * -3
Refused....................... - -4

15. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never	(60(24	-1	(SKIP TO Q.17)
Less than 1 day a month	6	-2	(ASK Q.16)
1 to 3 days a month	10	-3	
1 day a week	14	-4	
2 days a week	11	-5	
3 days a week	15	-6	
4 to 5 days a week	11	-7	
6 to 7 days a week	9	-8	
Not sure	1	-9	
Refused	*	-0	

16. What is the main reason why you exercise?

To keep fit (24%); to regulate weight (15%); to be healthy (15%); to feel good (13%); job (everyday activities require exercise (61-62) (12%); for enjoyment (9%); improve heart condition (6%); any other mentions (6%); improve med. condition (4%); enjoy sports (4%); to look good (2%); relaxation (2%); prevent stiffness (1%); something to do (1%); not sure/no answer (1%).

INTERVIEWER: DO NOT CHANGE THE ANSWERS TO Q.15 OR Q.14 NO MATTER WHAT RESPONDENT SAYS IN Q.16

ASK EVERYONE

17. Do you smoke cigarettes now, or not?

Smoke now	(63(28	-1
Don't smoke now	72	-2
Not sure	*	-3
Refused	*	-4

18. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed	(64(8	-1
No, no one ever smokes in bed	88	-2
No on in household smokes (vol.)	4	-3
Not sure	*	-4
Refused	*	-5

19. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week	(65(48	-1
Twice a week	16	-2
Once a week	19	-3
2 to 3 times a month	9	-4
Once a month	5	-5
Less than once a month	2	-6
Never	1	-7
Not sure	1	-8
Refused	-	-9

20. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day	(66(	17	-1
Several days a week		15	-2
Once or twice a week		30	-3
Less often than once a week		27	-4
Never		10	-5
Not sure		1	-6
Refused		*	-7

21. Do you consciously take steps to control or reduce the stress in your life, or not?

Yes, take steps to control	(67(	68	-1
No, don't take steps		30	-2
Not sure		2	-3
Refused		*	-4

22. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours	(68(	2	-1
5 hours		3	-2
6 hours		22	-3
7 hours		30	-4
8 hours		31	-5
9 hours		6	-6
10 hours or more		5	-7
Not sure		1	-8
Refused		-	-9

23. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never	(69(	36	-1	(SKIP TO Q.25)
Less than 1 day a month		13	-2	(ASK Q.24)
1 to 3 days a month		19	-3	
1 to 2 days a week		21	-4	
3 to 4 days a week		5	-5	
5 to 6 days a week		1	-6	
Daily/7 days a week		5	-7	
Not sure		*	-8	
Refused		-	-9	

24. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink	(70(21	-1
2 drinks	20	-2
3 drinks	9	-3
4 drinks	6	-4
5 or more drinks	8	-5
Not sure	*	-6
Refused	-	-7

ASK EVERYONE

25. How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time	(71(57	-1
Sometimes	27	-2
Never	15	-3
Not applicable (vol.)	*	-4
Not sure	*	-5
Refused	-	-6

26. Do you drive a car?

Yes, drive	(72(89	-1	(ASK Q.27)
No, do not drive	11	-2	(SKIP TO Q.29)
Refused	*	-3	

27. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time	(73(50	-1
Sometimes	45	-2
Never	4	-3
Not sure	1	-4
Refused	*	-5

28. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time	(74(2	-1
Sometimes	21	-2
Never	44	-3
Don't drink (vol.)	22	-4
Not sure	*	-5
Refused	*	-6

ASK EVERYONE

29. Do you favor or oppose state laws requiring people to wear seat belts?

Favor..............(75(71 -1
Oppose.................. 22 -2
Depends (vol.).......... 4 -3
Not sure................ 2 -4
Refused................. * -5

30. Do you think that laws should prohibit smoking in public places, or should they require separate smoking and nonsmoking sections, or should smoking in public places not be regulated by law?

Should prohibit smoking in public places.......(76(23 -1
Should require separate smoking and
nonsmoking sections............................ 61 -2
Should not regulate smoking in public places....... 13 -3
Not sure.. 3 -4
Refused... - -5

31. Do you have a smoke detector in your home, or not?

Have a smoke detector.......(77(82 -1
Do not have a smoke detector.... 18 -2
Not sure........................ * -3
Refused......................... - -4

32. Do you take any special steps or precautions to avoid accidents in and around your home?

Yes, take steps.............(78(81 -1
No, don't take steps............ 18 -2
Not sure........................ 1 -3
Refused......................... * -4

33. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently.........(79(* -1
Sometimes............... 1 -2
Only occasionally....... 4 -3
Never.................. 94 -4
Not sure................ - -5
Refused................. * -6

34. During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Yes, doctor has given unsolicited advice......(80(31 -1
No, doctor has not given advice.................. 68 -2
Haven't seen doctor in past five years (vol.)..... 1 -3
Not sure.. * -4
Refused... * -5

35. Right now, do you feel that you are overweight, or underweight, or at about the right weight for you?

Feel overweight............2*(10(43 -1
Feel underweight.................. 5 -2
Feel at about the right weight... 51 -3
Not sure......................... * -4
Refused.......................... - -5

36. During the past month, have you tried to lose any weight, or not?

Yes, tried.........(11(38 -1
No, did not try........ 62 -2
Not sure............... * -3
Refused................ - -4

/12-14Z/

38a. During the past month, have you taken any food supplements, such as vitamins or minerals, or not?

Yes, have taken....	(15(53 -1	(ASK Q.38b)
No, have not taken.....	47 -2	(SKIP TO Q.38j)
Not sure...............	- -3	
Refused................	* -4	

38b. What types of food supplements did you take?

	Q.38b MULTIPLE RECORD	Q.38c Most Important SINGLE RECORD
Multi-vitamins/minerals..	(16(69 -1	(27(59 -1
Vitamin A................	(17(3 -1	* -2
Vitamin B12..............	(18(5 -1	1 -3
Vitamin B-complex........	(19(9 -1	4 -4
Vitamin C................	(20(26 -1	12 -5
Vitamin E................	(21(11 -1	3 -6
Calcium..................	(22(18 -1	7 -7
Iron.....................	(23(7 -1	4 -8
Omega-3 (fish oil).......	(24(1 -1	* -9
Beta-carotene............	(25(* -1	- -0
Other (SPECIFY):		
_________________________.	(26(14 -1	(28(7 -1
Not sure....................	1 -2	2 -2

IF MORE THAN ONE TYPE, ASK Q.38c. OTHERWISE GO TO Q.38d

38c. Which of those do you feel is most important?

RECORD ABOVE RIGHT

38d. How often did you take this supplement during the past month?

Once.....................	(29(2 -1
2 to 3 times in month........	3 -2
Weekly.......................	4 -3
Several times a week.........	15 -4
Daily........................	77 -5
Not sure.....................	* -6
Refused......................	* -7

38e. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often...............	(30(34 -1
About the same...............	56 -2
Less often...................	9 -3
Not sure.....................	* -4
Refused......................	* -5

38f. For how many years have you been taking this food supplement?

Less than one year.......(31(15 -1
1 to 2 years................. 18 -2
2 to 5 years................. 32 -3
More than 5 years............ 35 -4
Not sure..................... 1 -5
Refused...................... * -6

38g. Where do you usually purchase most of this food supplement?

Supermarket............................(32(15 -1
Drugstore/pharmacy.......................... 55 -2
Discount Store (K-Mart, Wal-Mart, etc.)..... 5 -3
Direct seller (Shaklee, Amway, etc.)........ 3 -4
Mail order.................................. 3 -5
Health food store........................... 11 -6
Other....................................... 6 -7
Not sure.................................... 2 -8
Refused..................................... - -9

38h. Who usually purchases this food supplement?

Respondent..............(33(77 -1
Spouse..................... 10 -2
Both respondent and spouse.. 5 -3
Someone else................ 7 -4
Not sure.................... - -5
Refused..................... * -6

38i. What is the main reason why you take this food supplement?

To supplement diet (28%); good health (20%); any other (11%); prevent colds (9%); treatment of medical condition (9%); doctor recommendation (8%); to raise energy level (8%); to feel better (6%); prevent medical condition (6%); reduce stress (4%); not sure (2%); pregnancy (3%). (34-35) (SKIP TO Q.39a)

(IF RESPONDENT ANSWERS "TO INCREASE OR GET ENOUGH VITAMINS, MINERALS," PROBE: And what is the main reason why you want to do that? RECORD ABOVE)

IF "NO, NOT SURE, OR REFUSED" IN Q.38a, ASK Q.38j. OTHERWISE GO TO Q.39a

38j. During the past 5 years, have you taken any food supplements, such as vitamins or minerals, on a regular basis, or not?

Yes....................(36(28 -1 (ASK Q.38k)

No........................ 72 -2
Not sure.................. * -3
Refused................... 1 -4
} (SKIP TO Q.39a)

38k. Is there any particular reason why you stopped taking food supplements on a regular basis?

No, no reason..........(37(38 -1
Not sure.................. 2 -2
Refused................... - -3

Yes, some reason (What is that?).. 60 -4 /38%/

Improved condition/gave birth (26%); other (26%); eat a balanced (39-40)

diet (20%); no effect on health (19%); felt ill when taking (13%) (41-42)

ASK EVERYONE

39a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially low in calories?

Yes, have purchased	(43(43	-1	(ASK Q.39b)
No, have not purchased	55	-2	(SKIP TO Q.40a)
Not sure	2	-3	
Refused	*	-4	

39b. What type of manufactured low calorie food product did you purchase most often? DO NOT READ LIST

Diet soda	(44(22	-1
Frozen entrees, dinners, desserts	19	-2
Milk	11	-3
Bread	4	-4
Sugar substitutes	6	-5
Margarine	4	-6
Yogurt	6	-7
Salad dressing	5	-8
Other (SPECIFY): ____________	18	-9
Not sure	5	-0

39c. How often did you eat it during the past month?

Once	(45(5	-1
2 to 3 times in month	11	-2
Weekly	12	-3
Several times a week	28	-4
Daily	31	-5
Respondent did not eat any	12	-6
Not sure	1	-7
Refused	-	-8

39d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often	(46(28	-1
About the same	60	-2
Less often	11	-3
Not sure	1	-4
Refused	-	-5

39e. For how many years have (you/they) been eating this type of low calorie food product?

Less than one year	(47(12	-1
1 to 2 years	25	-2
2 to 5 years	31	-3
More than 5 years	29	-4
Not sure	2	-5
Refused	-	-6

39f. Who usually purchases this low calorie food product?

Respondent.............(48(	58	-1
Spouse....................	21	-2
Both respondent and spouse..	9	-3
Someone else...............	12	-4
Not sure..................	-	-5
Refused...................	-	-6

ASK EVERYONE

40a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially high in fiber?

Yes, have purchased......(49(54 -1 (ASK Q.40b)

No, have not purchased....... 43 -2
Not sure.................... 3 -3 } (SKIP TO Q.41a)
Refused..................... - -4

40b. What type of manufactured high fiber food product did you purchase most often? DO NOT READ LIST

Cereal..................(50(85 -1
Bread...................... 8 -2
Wheat germ................. 1 -3
Vegetables................. 1 -4
Other (SPECIFY):

______________________.. 4 -5
Not sure................... 1 -6

40c. How often did you yourself eat it during the past month?

Once......................(51(3 -1
2 to 3 times in month........... 8 -2
Weekly.......................... 12 -3
Several times a week............ 40 -4
Daily........................... 30 -5
Respondent did not eat any...... 8 -6
Not sure........................ 1 -7
Refused......................... - -8

40d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often................(52(37 -1
About the same................. 54 -2
Less often..................... 7 -3
Not sure....................... 1 -4
Refused........................ - -5

40e. For how many years have (you/they) been eating this type of high fiber food product?

Less than one year.(53(11 -1
1 to 2 years........... 21 -2
2 to 5 years........... 30 -3
More than 5 years...... 37 -4
Not sure............... 1 -5
Refused................ - -6

40f. Who usually purchases this high fiber food product?

Respondent..............(54(66 -1
Spouse..................... 17 -2
Both respondent and spouse.. 7 -3
Someone else................ 9 -4
Not sure.................... * -5
Refused..................... - -6

40g. What is the main reason why (you/they) eat this high fiber food product?

Nutritious (27%); regularity (23%); any other mentions (55-56) (14%); tastes good (12%); to prevent colon cancer (8%); to prevent cancer (7%); aids digestion (7%); like it (5%); doctor recommendation (4%); medical condition (3%); need fiber (2%); advertisements (2%); reduce cholesterol (2%); not sure (2%).

(IF RESPONDENT ANSWERS "TO INCREASE FIBER OR BULK IN DIET," PROBE:
And what is the main reason why you want to do that?
RECORD ABOVE)

ASK EVERYONE

41a. During the past month, have you or anyone in your household purchased a food product that is manufactured to be especially low in fat or low in cholesterol?

Yes, have purchased......	(57(	39	-1	(ASK Q.41b)
No, have not purchased.......		58	-2	(SKIP TO Q.42a)
Not sure....................		3	-3	
Refused.....................		*	-4	

41b. What type of manufactured low fat or low cholesterol food product did you purchase most often? DO NOT READ LIST

Margarine................	(58(	31	-1
Oil.........................		14	-2
Milk........................		14	-3
Butter......................		10	-4
Meat/bacon..................		6	-5
Eggs........................		1	-6
Cheese......................		3	-7
Poultry.....................		3	-8
Other (SPECIFY): ______________________..		12	-9
Not sure....................		7	-0

41c. How often did you eat it during the past month?

Once.......................	(59(	2	-1
2 to 3 times in month..........		12	-2
Weekly.........................		12	-3
Several times a week...........		26	-4
Daily..........................		42	-5
Respondent did not eat any......		4	-6
Not sure.......................		2	-7
Refused........................		-	-8

41d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..................	(60(	31	-1
About the same..................		60	-2
Less often......................		7	-3
Not sure........................		1	-4
Refused.........................		-	-5

41e. For how many years have (you/they) been eating this type of low fat or low cholesterol food product?

Less than one year.(61(	12	-1
1 to 2 years...........	21	-2
2 to 5 years...........	31	-3
More than 5 years......	35	-4
Not sure...............	1	-5
Refused................	-	-6

41f. Who usually purchases this low fat or low cholesterol food product?

Respondent..............(62(	62	-1
Spouse.....................	19	-2
Both respondent and spouse..	8	-3
Someone else................	10	-4
Not sure....................	*	-5
Refused.....................	-	-6

ASK EVERYONE

42a. During the past month have you taken any non-prescription pain reliever?

Yes, have taken..........	(63(54	-1	(ASK Q.42b)
No, have not taken...........	46	-2	(SKIP TO Q.43a)
Not sure.....................	*	-3	
Refused......................	*	-4	

42b. What type of non-prescription pain reliever do you take most often?

Salicylate/aspirin/ Bayer/Bufferin/Anacin.........	(64(44	-1
Acetaminophen/Anacin-3/ Datril/Panadol/Tylenol............	39	-2
Ibuprofin/Advil/Nuprin..............	10	-3
Combinations/Excedrin..............	3	-4
Antacid............................	*	-5
Midol/Pamprin......................	*	-6
A powder/B.C. powders..............	1	-7
Antihistamine/decongestant.........	1	-8
Other..............................	2	-9
Not sure...........................	*	-0
Refused............................	-	-x

42c. How often did you take it during the past month?

Once........................	(65(13	-1
2 to 3 times in month..........	40	-2
Weekly.........................	12	-3
Several times a week...........	19	-4
Daily..........................	14	-5
Not sure.......................	1	-6
Refused........................	-	-7

42d. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often..................	(66(22	-1
About the same.................	66	-2
Less often.....................	11	-3
Not sure.......................	1	-4
Refused........................	-	-5

42e. Who usually purchases this non-prescription pain reliever?

Respondent.............	(67(73	-1
Spouse......................	1[illegible]	-2
Both respondent and spouse..	6	-3
Someone else................	8	-4
Not sure....................	*	-5
Refused.....................	*	-6

43a. During the past month, have you done any walking as exercise?

Yes, have walked.........(68(65 -1 (ASK Q.43b)
No, but ran or jogged........ 3 -2

No, have not walked.......... 32 -3
Not sure..................... * -4
Refused...................... * -5
} (SKIP TO Q.44)

43b. How often did you walk for exercise in the past month?

Once......................(69(3 -1
2 to 3 times in month........... 10 -2
Weekly.......................... 15 -3
Several times a week............ 34 -4
Daily........................... 38 -5
Not sure........................ * -6
Refused......................... * -7

43c. Was that more often compared to the year before, about the same as the year before, or less often compared to the year before?

More often.................(70(30 -1
About the same.................. 53 -2
Less often...................... 17 -3
Not sure........................ * -4
Refused......................... * -5

43d. When you walk for exercise, do you usually walk more than a mile or less than a mile?

More than a mile.........(71(55 -1
Less than a mile.............. 30 -2
Exactly one mile (vol.)....... 14 -3
Not sure...................... 2 -4
Refused....................... * -5

43e. How many years have you been walking for exercise?

Less than one year........(72(9 -1
1 to 2 years.................. 18 -2
2 to 5 years.................. 32 -3
More than 5 years............. 39 -4
Not sure...................... 1 -5
Refused....................... - -6

43f. When you walk for exercise, do you usually wear any special shoes that are designed for walking, or not?

Yes, wear special shoes..(73(39 -1
No, do not wear special shoes 61 -2
Not sure..................... * -3
Refused...................... - -4

/74-80Z/

44. Now a couple questions about the disease called AIDS -- Acquired Immune Deficiency Syndrome. Do you think five years from now that AIDS will be under control, or that it will be a growing problem, or that it will be a major epidemic?

Will be under control..3*	(10(	31	-1
Will be a growing problem....		35	-2
Will be major epidemic.......		27	-3
Not sure.....................		7	-4
Refused......................		*	-5

45. Do you think that you run any risk of catching AIDS, or not?

Yes, run risk...........	(11(	16	-1
No.........................		82	-2
Not sure..................		2	-3
Refused....................		*	-4

46. Do you take any special steps or precautions to avoid catching AIDS, or not?

Yes, take steps.........	(12(	49	-1
No, do not.................		50	-2
Not sure..................		1	-3
Refused....................		*	-4

/13-20Z/

ASK EVERYONE

F1. What type of work does the main wage earner of this household do? (IF RETIRED OR UNEMPLOYED:) What was his/her usual job?

ASK FOR JOB TITLE AND MAIN DUTIES -- DESCRIBE IN DETAIL:

Professional	(21(	16	-1
Manager, official		12	-2
Proprietor (small business)		6	-3
Clerical worker		8	-4
Sales worker		6	-5
Skilled craftsman, foreman		19	-6
Operative, unskilled laborer (except farm)		13	-7
Service worker		8	-8
Farmer, farm manager, farm laborer		3	-9
Student		1	-0
Housewife	(22(	1	-1
Military service		1	-2
Welfare		*	-3
Disabled		1	-4
Other (SPECIFY): ____________		*	-5
Not sure		1	-6
Refused		1	-7

F2. How old are you? IF HESITANT, READ LIST

18 to 20	(23(	7	-1
21 to 24		10	-2
25 to 29		12	-3
30 to 34		12	-4
35 to 39		10	-5
40 to 49		14	-6
50 to 64		18	-7
65 and over		16	-8
Refused		1	-9
Not sure		*	-0

F3. What is the last grade or level of school you completed?

No formal schooling	(24(	*	-1
First through 7th grade		2	-2
8th grade		3	-3
Some high school		11	-4
High school graduate		35	-5
Some college		19	-6
Two-year college graduate		6	-7
Four-year college graduate		14	-8
Postgraduate		10	-9
Trade/technical/vocational after high school*		XXXXXX	
Refused/not sure		*	-0

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY

F4. Are you of Hispanic descent, or not?

Yes, of Hispanic descent	(25(	6	-1
No, not of Hispanic descent		90	-2
Not sure		3	-3
Refused		*	-4

F5. Do you consider yourself white, black, oriental, or some other race?

White	(26(	85	-1
Black		11	-2
Oriental/Asian or Pacific Islander		1	-3
American Indian or Alaskan native		1	-4
Not sure		2	-5
Refused		*	-6

F6. Is your religious background Protestant, Catholic, Jewish, or something else?

Protestant	(27(	54	-1
Catholic		28	-2
Jewish		4	-3
Other		10	-4
None		3	-5
Not sure		1	-6
Refused		1	-7

INTERVIEWER NOTE:

CODE AS "PROTESTANT"
Baptist
"Born-Again"
"Christian" (UNSPEC.)
Church of Christ
Congregational
Episcopalian
"Fundamentalist"
Latter-Day Saint/ Mormon
Lutheran
Methodist
Pentecostal
Presbyterian
Unitarian

CODE AS OTHER
Christian Scientist
Greek/Russian Orthodox
Jehovah's Witness
7th Day Adventist

F7. Which of the following income categories best describes your total 1986 household income? Was it (READ LIST)?

$7,500 or less	(28(	12	-1
$7,501 to $15,000		14	-2
$15,001 to $25,000		19	-3
$25,001 to $35,000		16	-4
$35,001 to $50,000		14	-5
$50,001 or over		14	-6
Not sure		5	-7
Refused		5	-8

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1986 INCOME, PROBE FOR ESTIMATE